

T. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI- DEATH MATED 10	14 1982 M		
3. SEX 4. RACE S. DATE OF BIRTH MONTH DAY SAR SEX NOTE OF BIRTH DAY SAR SEX NOTE O	14 182 24 HOUR 9:50 1.4 182 3.M		
76 BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  75 CITIZEN OF WHAT COUNTRY?  USA  WIDOWED DIVORCED BALTIMORE CITY OR COUNTRY?  WIDOWED DIVORCED BALTIMORE CITY OR COUNTRY?	DUNTY OF DEATH		
10 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)   120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR			
STATE MARYLAND 13th COUNTY 13t	đ		
H. FATHER'S NAME    Id. FATHER'S NAME   IS. MOTHER'S MAIDEN NAME   Hoyle   Id. FATHER'S NAME   IS. MOTHER'S MAIDEN NAME   Hoyle   Id. FATHER'S NAME   IS. MOTHER'S MAIDEN NAME   Hoyle   Id. FATHER'S NAME   ID. MOTHER'S MAIDEN NAME   Hoyle   Id. FATHER'S NAME   ID. MOTHER'S MAIDEN NAME   Hoyle   Id. FATHER'S NAME   ID. MOTHER'S MAIDEN NAME   ID. MOTHER'S MAIDEN NAME   Hoyle   Id. FATHER'S NAME   ID. MOTHER'S MAIDEN NAME   ID	e LAST		
H. FATHER'S NAME  Charles  MIDDLE  Adams  Juanita  Hoyle  Last  Juanita  Juanita  Hoyle  Last  Juanita  Hoyle  Last  Juanita  Hoyle  Last  Juanita  Hoyle  Last  Juanita  Juanita  Hoyle  Last  Juanita  Juanita  Juanita  Hoyle  Last  Juanita  Juanita  Hoyle  Last  Juanita  Juanit	nue		
THE TRANSMENTATE CAUSE (o)  INTERVENOUS NATIONS  AND			
PART 2 DIRECTION S CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  216. EXTERNAL CAUSE WAS  216. EXTERNAL CAUSE WAS  197. TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  217. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 ORP  HOUR A.M. MONTH DAY YEAR	20. AUTOPSY?  YES 🔯 NO 🗆		
IS SECTION AT WORK AT WORK	OUNTY STATE		
deoth resulted from Natural causes Accident Suicide Hamicide Undetermined manner DATE SIGN M.D. ASSISTANT MEDICAL EXAMINER SIGN TYPE OR PRINT)  LEXAMINER'S NAME Dennis F. Smyth, M.D. Appress III Penn Street	10-14-82		
BP 5  DHMH - 17 (VR A15 ME (5)) 2004 4/82    Condition   DHMH - 17 (VR A15 ME (5)) 2004 4/82    Condition   DHMH - 17 (VR A15 ME (5)) 2004 4/82    Condition   DHMH - 17 (VR A15 ME (5)) 2004 4/82    Condition   DHMH - 17 (VR A15 ME (5)) 2004 4/82    Condition   DHMH - 17 (VR A15 ME (5)) 2004 4/82			

1	1.	FOR STATE REGISTRAR									20				
2		CEASED NAME FIRST	MIDDLE	E	i	AST	12		MONTH	DAY YEAR	26 HOUR				
\$ m#	(TTPE	AUDR	EY DO	RSEY		ALBERT		October	17.	1982	100 M				
1 1	3. SE		4 RACE		5. DATE C	F BIRTH	6	AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS				
i Rim	-	Female	White			26, 189	7	85	YRS.	MONTHS DATS	MIN.				
SUNDA		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	8. MARRIEI	NEVER MARRIE	ED 7	BALTIMORE CITY C	R COUNT	Y OF DEATH					
	-	Maryland	USA		WIDOWE	D DIVORCE	ED 🗌	Baltimor			MD.				
1 11 10/	100	TY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	HITY. GIVE STREET	ADDRESS)	R OTHER INSTITUTIO		20 USUAL OCCUPAT	OF WORKING L	IFE) INDUSTRY	F BUSINESS OR				
13 / V	- 100	Baltimore				Center		Homema	aker	Owr	1 Home				
filled in	M	al residence (if nursing home o STATE 13b. COU aryland	NTY 13c.	CITY OR TOW Baltin		13d. INSIDE CITY LIM		116 W.	Unive	ersity I	Pkwy.				
d 2 sl	14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAID		MIDDLE		LAS	ŠT.				
omplo		Allen		rsey		Lilly				3ratton					
dico		VAS DECEASED EVER IN U.S. AF	MED FORCES? 16b.	SOCIAL SECU	RITY NO.	17. INFORMANT		ADDR	ESS						
S. Po		No	21	13 03 2	2615	W. Spar	uldin	g Albert,			MATE INTERVAL				
d by the ottending I lease remove corbon iol, cremation, or rer or other traumatic ev		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS  (b)  DUE TO, OR AS  (c)	A CONSEQUE	Ju	ny e	Ja Cole.	etasta obe A	ing	18	mo				
been signe mit. Then p prior to bur ony injury,	ATION	ATION	CERTIFICATION	ATION	ATION	PART 2. OTHER SIGNIFICANT	- Multi	sti 6	ster	NOT RELATED TO	hre	200 AUTO	1206. TF-YE	S, WERE FINDIN	NGS USED
hos ene	TIFIC	home						YES NO		FYING CAUSES	NO [				
is certificate buriol-transit Mental Hygi or ttem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.		Y YEAR	21c. HOW INJURY (	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	,				
s the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN		ARM, ETC )	211 LOCATION STREET		CITY OR TO	)WN	COUNTY	STATE				
DIRECTOR: Af Oched for use o Ochet of Health		22e. I certify that (I) this haps sow the deceased alive an obove, (I) (wolled (did no 22b. SIGNATURE	otterfled the de	r death.		DEGREE		oth occurred on the d		ur and from the					
LERAL DE CERAL DE CONTRETE DE		226 PHYSICIAN'S NAME (TYPE	- U num	my		Me. ADDRESS	CIAN 2	DIRECTOR   PHYSIC	CIAN	10	1,019				
9 Dot # /		Dr. Earl L.		s, M.	D.		Col	d Spring	Lane	, Balto	o., MD				
shoul with the Po	23e. l	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMA	ATORY	23d LOCATION		COUNTY	STATE				
BP		Burial	10/19/			Ridge		Pikesv			MD				
MH - 16 50M 4/B2 (VRA 15, 4)	24, FI	UNERAL DIRECTOR Henr 1905 York Roa	y W. Jer d Balto.	nkins. 8	2 Sor	s Co.	OCT	1 8 1982	John	TRAR'S SIGNAT	welk				

11 2 11 11 10 0 i'- 3 dic mons Baltimore Land Crosn Wursing Bantar L Veryland Le Balkimore Ex S 116 W. University Feet. Allan = Covered Lilly eta contenta de acción moram, ma Dr. Earl L. Chambers, M. C. (100 W. Cold Spring Duns, Halton, Md . Hireil in it. I ink Henry W. Jonains & Sang Co. 51.75 100.01. 21.12

- 1	FOR	0.004.0	STATE OF MARYLAND	voience (2 *)	9 5 4 9 4
		DEFAK	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. N	0.
(1	DECEASED NAME FIRST	WIDOLE	AW - / L	,	MONTH DAY YEAR 26. HOUR
	Mildred) //	dred F. F	S. DAVE OF BIRTH	6. AGE (IN YEARS LAST BIR	0/2/82 8-PI
	Female	White	Mar. 30 1914	68	MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY C	R COUNTY OF DEATH
	Vest Virginia	USA	WIDOWED DIVORCED TING HOME OR OTHER INSTITUTION	Baltimor	
		(IE NOT IN SUCH FACILITY, GIVE STRE	ET AOORESS)	12a. USUAL OCCUPAT.	OF WORKING LIFE) INDUSTRY
Ü:		NEOR OTHER INSTITUTION, GIVE RESIDENCE BEFO		Self-emp1	oved   Seamstress
-	lest Virginia	Berkeley Martin			York Avenue
	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	
	William	Gold Fry	e Naomi	Blanch	e Mason
160	WAS DECEASED EVER IN U.S	. ARMED FORCES? 16b SOCIAL SEG	CURITY NO. 17 INFORMANT	1001 N	ew York Avenue
	No	234-01	19554 Herman Albr	ight Martin	sburg, wv 25401
	18. CAUSE OF DEATH  Enter PART I. DEATH WAS CA	er only one couse per line for (a), (b), (USED BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DIATE CAUSE (0) Respirato	ry Arrest 2 to asp	ination	50 minutes
	Cardway 4 111	DUE TO, OR AS A CONSEO	UENCE OF		2 months
	Conditions, if any, which gove rise to immediate couse (a), stating the				Demonts
	underlying couse lost		UENCE OF		
		NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART 110
CERTIFICATION					
FICA	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
FPT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	. 1216 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	YES NO
	an account to a Clause of	E DEATH HOUR A.M. MONTH	DAY YEAR	(Little to Allowed St. 1130	
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CHYORIG	WN COUNTY STATE
Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC ) STREET	CHYORIC	WN COUNTY STATE
L		ospital) attended the deceased from	, 19	, to	, 19, that (I) (we) lo
	sow the deceosed oliv obove, (I) (we) (did) (di	d not) view the body ofter death.	, and that in (my) (our) opinio	on death occurred on the d	ote and hour and from the causes stated
	226. SIGNATURE		DEGREE ATTENDING	_ MEDICAL _ STAI	22c. DATE SIGNED
	A-to- 3	· Miracy	PHYSICIAN	DIRECTOR PHYSIC	
1		YPE OR PRINT)	22e. ADDRESS	och Naven	11/11/2
-	Loinethy	· CASSANEGO			13 ( ) 2
23	BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
24	Burial Maraldiportor	Oct.5,1982	Rosedale Cemetery	Martins ATE REC'D. BY REGISTRAR	hurg Berkeley WV
(		Kleur 327 W. Kin		OCT 7 1982	Sac OC.

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nu-v	1001 New York	, A	rtinsburg	Berceley Me	ost Virginia
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Burial Oct.5,168 coedale Cem tory rom super lione, "I" . kin treet rom super lione, "I'rt maur, ty 25401

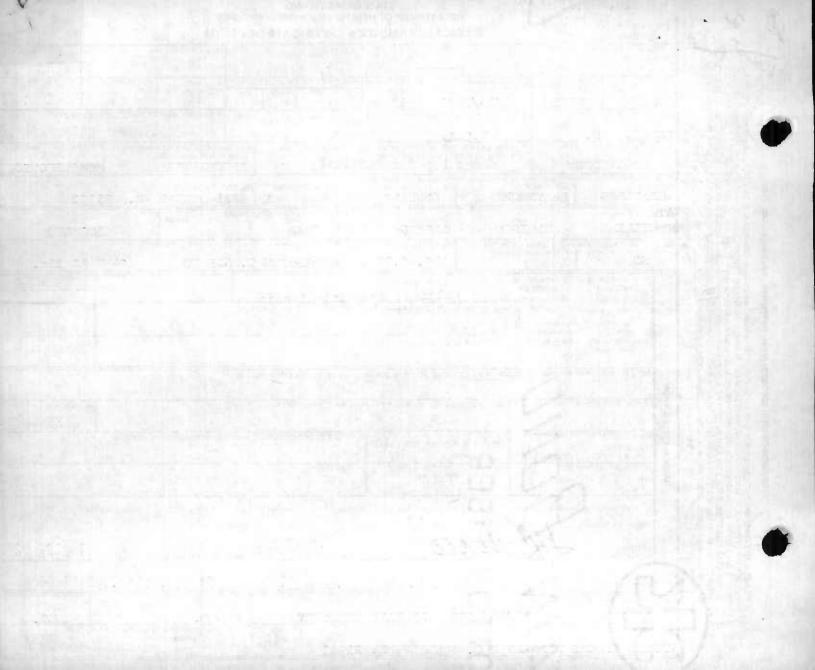
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2	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 2	5 4 2 5
0 0	DECEASED NAME FIRST (TYPE OR PRINT) VIRG	INIA B.	ALDMON	OCTOBER 19, 19	82   26 HOUR   1:18 A
page p	3. SEX	INIA D.	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
ge 4 r ector, rs afti	Female	White	Oct. 25. 1930	51 YRS.	MONTHS DATS HOURS MIN.
orth. Po	70. BIRTHPLACE (STATE OF FOREIGN COUNTRY)  Bedford Va.	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED		
her der within	LO CITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	Baltimore  12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING )	12b. KIND OF BUSINESS OR
201 by th	Baltimore	Church Hos	spital	Housewife	Homemaker
NND 21	USUAL RESIDENCE (IF NURSING HOM 130. STATE 13b CC	DUNTY 131. CITY OR		13e. STREET ADDRESS 111 N. Ellwo	
MARYLAND red within 24 mpletely filled and 2 should melines me	14 FATHER'S NAME  Cecil	MIDDLE Weeks	15 MOTHER'S MAIDEN N	AME	LAST
BALTIMORE, A core be execute system and can can beers. Pages 1 co. vol.	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL		timore. ADDRESS Md	· 21224.
ST., BALT strificate by physicia on papers emaval. event, the	PART I. DEATH WAS CAU	only one couse per line for (o), (I	o), and Icil		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE
	7,20	DUE TO, OR AS A CONS	SEQUENCE OF		
Page he he	Conditions, if ony, which gove rise to immediate couse (a), stating the	(b) SEPSIS DUE TO, OR AS A CONS	TOURNES OF		
201 W.	underlying couse lost.		IVE HEART FAILURE		
			TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(0.
NG PHYSICIAN: The law requirantending physician.  After this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to be acked or Item 18 shows any injury	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		hich operation was performed	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \( \text{NO} \)
DF VITAL Elan: Th physicio trificate I Il-tronsit nol Hygie m 18 sho	OR CONTRIBUTION CONTRACTOR	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	
7 PHYSICIA Trending plant the burial-the burial-the burial-the and Memorial-thempoint and Memorial thempoint the second thempoint thempo	CIFETTHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE	P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY, OF	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVIS  VDING P  I ar after the as the cast the c	AT WORK	spitch attended the decensed from 19	om SEPTEMBER 27, 19 8	2OCTOBER 19	, 19_82_, that (I) (we) lost
ATTE Osprito SECTO d for f. of h	abave, (I) (we) (did) (did	not) view the body ofter death.		n death accurred on the date and ha	
ral OR by the horal DIRE deteche deteche onte Dep	226. SIGNATURE Walts L	and my	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/19/82
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State I MAPORTANT: If	22d. PHYSICIAN'S NAME (TY	PE OR PRINT		CH HOSPITAL CORPO	
TO TO I Show	WALTER BENDER 230. BURIAL, CREMATION, REMOV	AL 23b. DATE	100 NORTH B	ROADWAY BALTIMOS	
060/BP	(SPECIFY) Burial	10/21/82	Oak Lawn Cemete	CITY OF TOWN	Maryland STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME 3646 C. Ba	John A. Moravi Jan Minnora St Baltimore	250. D	ATEREC'D. BY REGISTRAR 256. PCOIS	TRAR'S SIGNATUSE

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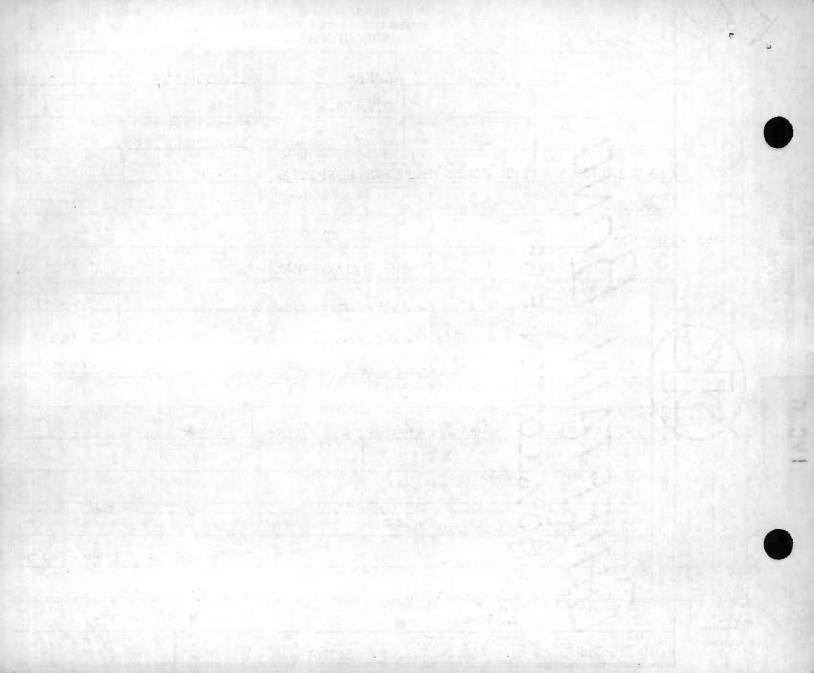
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200		LTO., M		U.S	5.A.		WIDOV		DIVORC			Balt			City		MD.
300	10. C	TY OR TOWN C		11. NAME OF HO	DSPITAL, NUI FACILITY, GIVE S	RSING HOMI TREET ADDRESS)	, OR OT	HER INSTITU	TION		AOST OF WOR		TYPE OF W	/ORK 12	OR IND	F BUSINE USTRY	SS
2	0	Baltim				kins H		tal		BRI	CKLAY	ER		C	ONSTE	RUCTI	ON
5	13a. S	AL RESIDENCE II TATE ARYLAND	1131 COUN	OR OTHER INSTITUTION, ITY  IMORE	13c CITY	OR TOWN	ON)	13d. INSIDE C			EET ADDRE		D.D.	0.7	000		
1		ATHER'S NAME	PADI	IMORE	1 00	NDALK		YES 🗌	NO X	_	1 DUN	BAR	RD.	21	222		
21		WILLIAM	3.473.1	DISON	ALL	LAST			ER'S MAIDE	NAME	M	IDDLE			LAST		
6			EVER IN U.S. ARA			RED	V NO	ILI 17 INFORA				ADDRE	22	L	EONA	ω	
2	. (Y	ES, NO, OR UNKNOV	(N) HE YES, GIVE	WAR OR DATES)													
	-					.40.75	00	CHRIS	TINE	T. A.	LLKED		7	AME	AS ]	L3e.	
		PART I DEA	DEATH (Enter on TH WAS CAUSE)	ly one couse per lir D BY:			-							1200	BETWEEN	ONSET AND	DEATH
VAL		aun	IMMEDIA!	TE CAUSE (a)		iple di		ntoxi	catio	n						-	
AND MENTAL HYGIENE, VATION, OR REMOVAL.		Condition	, if any, which	DUE TO, C	K AS A CON	ISEOUENCE	Jr.										
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	Z	PART Z UTNEK SIG	MITICANI CUNUITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELA	TEO TO THE TERM	INAL DISEA	SE OR CONDITION	N GIVEN IN PA	RT 1 (a).							
7	¥ ¥	19a. DATE OF	PERATION	19h COND	ITION FOR	WHICH OPER	ATION V	VAS PERFOR	MED?						20. AUTO	PSY?	
1	IFIC														YES X	XX NO	
1	CERTIFICATION	210 EXTERNAL		216 TIME (		- · · · · · · · · · · ·	21c. H	OW INJURY	OCCURRE	D (ENTER N	NATURE OF IN.	IURY IN ITEM	18 PART I	OR PART			_
5	N.	UNDERLYING CONTRIBUTIN	OR G CAUSE OF I			DAY YEAR											
1	MEDICAL	21d. INJURY O		21e. PLACE	OF INJURY	(AT HOME,		CATION									_
	3	WHILE AT WORK	NOT WHILE	STREET, FA	CTORY, FARM, E	TC.)		STREET			CITY OR TO	WN		COUNT	ľΥ	!	STATE
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				e of the remains d			Auto	1 ///	Inspection		Inquiry		ond in	ту оріп	ЮП		
		death resulted	fram: Nyltui	OI COMMINICAL TOP	Accident	LJ, Su	icide		ide 🔲	Undete	ermined mo	onner [	١,				
		ACTUAL	14	(Ju	RIO				PECIFY)	t				DATE SIGNED.	10/	12/ 8	32
5	1	SIGNATURE_	11	-			^	1.D		MEDI	ICAL EX AM	NINER	S	IGNED.			
L		EXAMINER'S N (TYPE OR PRIN	IAME T)	Н	ormez	R. Gua	rd, M	ADDRESS_	111	Penn	Stre	et,B	alte	o.,M	ID 21	201	
	23o. B		ON, REMOVAL 2			NAME OF CE					CATION OR TOWN			COUNTY		STATE	
		BURIAL	-	10/15/19	982 0	AK LAW	N CE			BA	LTO.			13		MD.	
	24. F	UNERAL DIRECT	OR	ADDRE	SS				25a. DATE		REGISTRA 8 198	R 25b RE	GISTRA	AR'S SIG	NATURE	1 2	
	WA:	LTER BRO	OKS BRA	DLEY, INC.	DUND.	ALK, MD	. 21	222	IOU	1 1	0 130	4	oh	~	h lac	nel	
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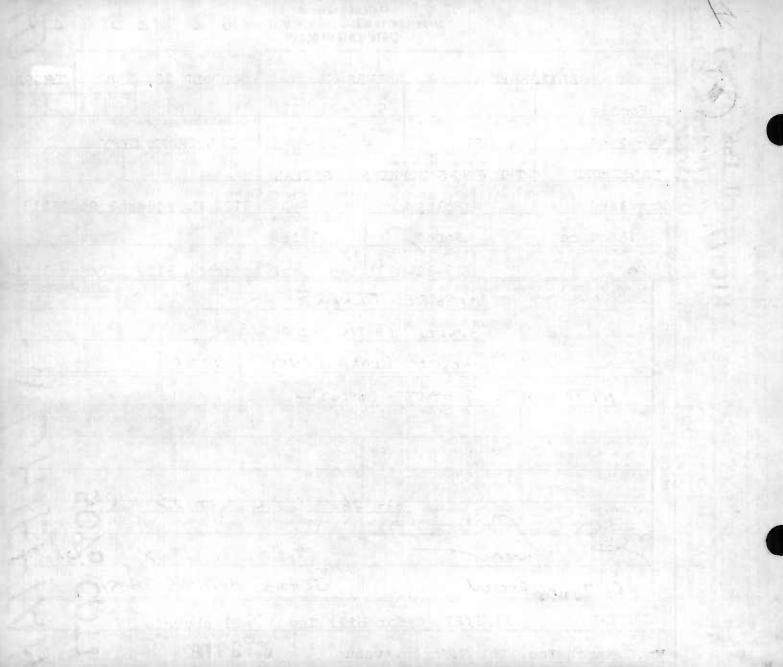
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTI FRIEDMAN IDA ALPERN OCTOBER 4 RACE 3. SEX 5. DATE OF BIRTH IF UNDER 1 YEAR OCT. 29,1908 YEAR 73 FEMALE WHITE 7a. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) USA NEW YORK WIDOWEDA DIVORCED T BALTIMORE CITY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ACCOUNTING RALTIMORE THE JOHNS HOPKINS HOSPITAL JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

30. STATE

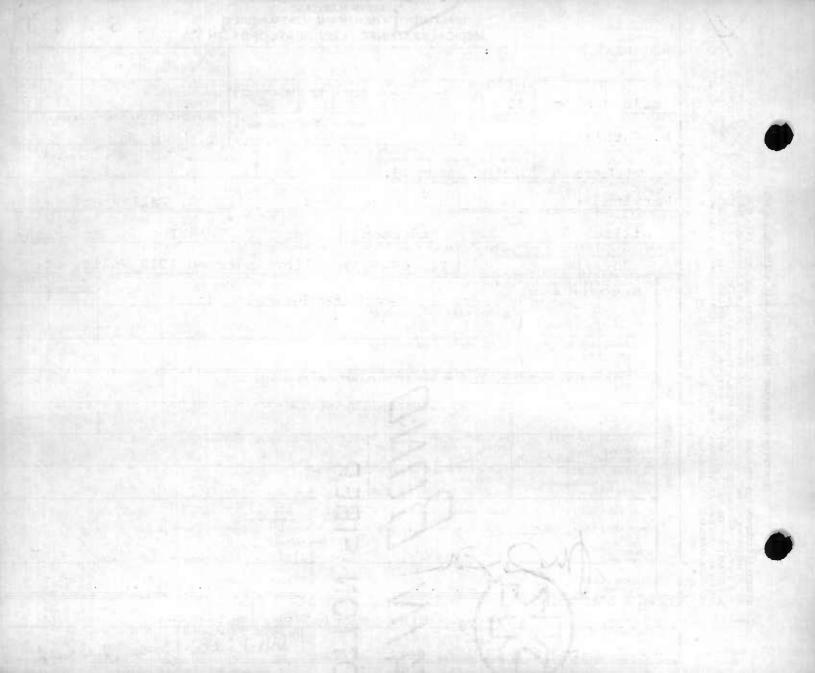
131, CITY OR TOWN 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 15701 POINTER RIDGE DR. (20716) PRINCE GEORGE BOWIE MARYLAND YES X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME ALIDDI F MIDDLE MOLLIE LIEBOWITZ FRIEDMAN MARCUS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT BOWIE ADDRESS. 20716) YES NO OR UNKNOWNI HE YES, GIVE WAR OR DATEST ALAN SEYMOUR ALPERN 15701 POINTER RIDGE DR. NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY Centricular Fibillate 3 mins 121 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which erterntion gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Endemetric PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION None 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? (0 NO YES T NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on\_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIANS NAME VIVOE ON PRINT 2 a ADDRESS 230 BURAL MREWATION REMOVAL 23c. NAME OF CEMETERY OR CREMATOR 236. DATE STATENWISLAND. NUNY. BURTAL BARON HIRSCH CEM 10-19-82 24 FUNERAL DIRECTOR SOL LEVINSON & BROS 250. DATE REC'D. BY REGISTRAR 2516 REGISTRAR'S SIGNATURE 0 DHMH-16 30M 2/80 6010 REISTERSTOWN RD. BALTIM ORE, MD. (VRA 15, 4) (21215)



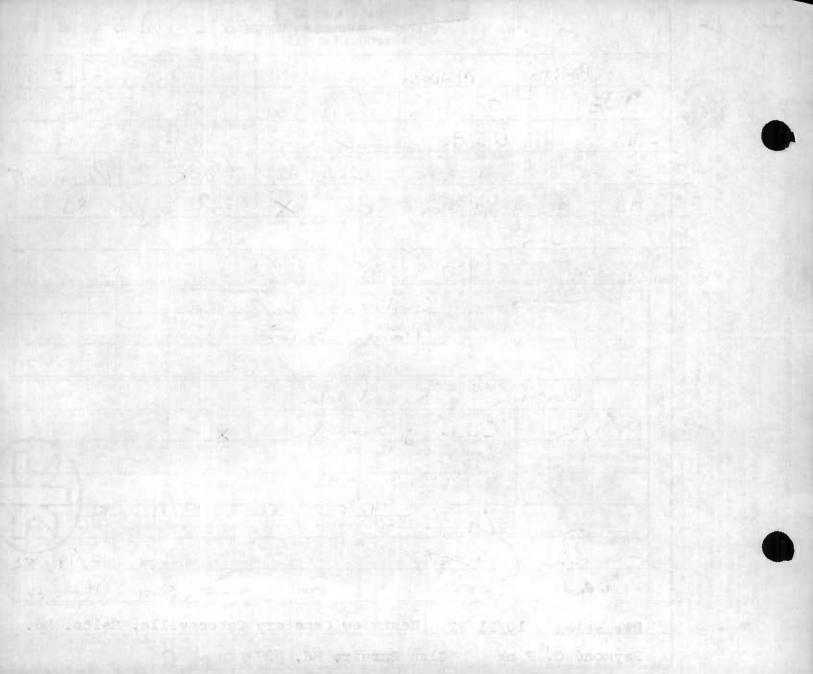
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20. DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) ELTZA BETH ANDERSON OCTOBER\_ 1982 5 DATE OF BIRTH MONTH Black 23 22 Female 60 ZE BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWED DIVORCED BALTIMORE III. CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3122 E. Federal St. 21213 Maryland Baltimore YES X NO [ 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Theodore Elsie Jones Caryer ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) No 217-12-0131 Lee Royal Anderson 3122 E. Federal APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ARRES IMMEDIATE CAUSE (0) CARDIAC DUE TO, OR AS A CONSEQUENCE OF ACIDOS15 LACT7C Conditions, if ony, which SINERE gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF RENAL FAILURE, SEPSIS underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 3 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21s. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE IT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220. I certify that ( this haspital) attended the deceased from, sow the deceased olive on OCT above, (I (we) did (did not) view the body after death. and that in (my) tour) apinion death occurred on the date and have and from the causes stated 226. SIGNATURE DEGREE 71: DATE SUSNED ATTENDING MEDICAL mon. DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should by JOHNS HOPKINS C.T. MORROW 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 236, DATE CITY OR TOWN STATE BURIAL 11/1/82 Cedar Hill Cem Glenburnie 250, DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 Wm, C. March Inc, 1101 E. North Avenue and Capiel (VRA 15, 4)



	1	FOR STATE REGISTRA	R	MI			HEALTH	ARYLAND AND MENTA CERTIFICATE		200	2 REG. NO.	5	4	3	0
		I. DECEASED N	**		MIDDLE			LAST		2a. DATE KNO	A D NWC	HTMOM	DAY	YEAR	26 HOUR
	S. S. S. F.	(TYPE OR PRINT)	WILLI	IAM			ANI	DERSON		OF ES	211.	10	9 19	82	м
	S NACESSARY PLASE FONE AND PRECTOR. S SFOR YOUR FILES. D WITHIN 72 HOURS WESTON STREET.	3. SEX male	1. RACE Black	5. DATE OF BIRTH	YEAR	6 AGE (IN YE.	MONTH		DER 24 HRS.	PRONOUNCE		10	DAY 9	YEAR 82	2d HOUR 9:30
	ERAPDIR OF YOUR THIN 72	7a. BIRTHPLACE	(STATE OR	7b. CITIZEN OF V				50 Thisten	DD/50 🗆	9. BALTIMORI	E CITY OR				ам
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=	PEN SERVICE SE	USUAL RESIDEN	ICE (IF IN NURSING HOME (		GIVE RESIDENCE	BEFORE ADMISSIO		har mene con							
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Å.	H. F. 25.	14. FATHER'S NA		WIDDLE		LAST		15. MOTHER'S MA					LAS	CY CY	
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BALTIMORE, MD.	AFTER I	160. WAS DECEA (YES, NO, OR UN NO		MED FORCES? WAR OR DATES)	1.17	2-09-1		Salley	Ande		L218	Val	ley	St	
N ST., 8	HOURS M 18. G NG WIT RMIT. P ENE, DIV	18. CAUS PART	E OF DEATH (Enter on I DEATH WAS CAUSE	lly ane couse per lir D BY: TE CAUSE (a)A			otic	cardiovas	scular	diseas	e			OXIMATE	NTERVAL AND DEATH
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DIVIS	THIS CER WARDED PAGE 3 SI TATE DEP	WHILE AT WORK	RY OCCURRED  NOT WHILE  AT WORK		OF INJURY			TREET		CITY OR TOWN		COUN	AIA		STATE
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS IN EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, AND 3 TO THE PORT 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORWARD 3. RETAIN PAGE 5 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURBLAL. TRANSIT PERMIT. PAGES 1 MD 2 SHOULD BE FILED WAS RETAIN BEFLIED. WAS REMOVED. BUTSION OF WITH RECORDS. 2011/W.  BALTIMORE, MARYLAND, 21201 PRIOR TO BURBLAL, CREMATION, OR REMOVAL.	death re	R'S NAME A S	ge of the remains do	Accident	, Su	Autops	Hamicide TITLE (SPECIFY D. Assista	Under	Inquiry L termined manner DICAL EXAMINE	er ,	DATE SIGNED	10-	-10-1	82
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1001	BP	BURTA 24 FUNERAL DI	AL	10/13/		King I		rial Pk	. Ba	OCATION OR TOWN	Ce	COUNT		STA Md	TE
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	1 - STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO	2 % 0 1
	DECEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 2b. HOUR
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5-10	COUNTRY)	TO CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
14	CITY OR TOWN OF DEATH	U.3.71.	WIDOWED DIVORCED	Bultimor	E C17
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	SUAL RESIDENCE (IF NURSING HOME OR	SOUTH BUTTON GIVE RESIDENCE BEFORE	e beneral Hap	1 COOK	1 CESTAVA
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e 14	FATHER'S NAME	Arundel Glen Bu	15 MOTHER'S MAIDEN NA	AME SOU Gayle	or no.
20	FIRST	HDDLE LAST	FIRST	WORKMIDDLE	LAST
_	WAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SECUR		ADDRESS	
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	PART I. DEATH WAS CAUSED		diopulmonen	curest	
		DUE TO, OR AS A CONSEQUEN	ICE OF		
	Conditions, if ony, which		ent Failure		
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUEN	ICE OF		1000
	underlying couse lost	(c)			
×	PART 2 OTHER SIGNIFICANT CO	200	EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
a shows ony injuries	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	.,,	200 AUTOPSY?) 206 IF YES	, WERE FINDINGS USED
TIEL	10/4/82	Cares 60	Sigmo, d	IN CERTIF	YING CAUSES OF DEATH
4 1 E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	
		HOUR A.M. MONTH DAY	YEAR		
5 1 6	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STAT
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2	220 I certify that (1) (this hospital		9/21 19 62	10/19	19 82 . that (I) (we
	saw the deceased alive an obave, (I) (we) (aid) (did not)	view the endy after death	, and that in (my) (our) opinion	death occurred on the date and house	r and from the causes state
Ď.	226. SIGNATURE	7)	DEGREE	deli il vi il me	22c. DATE SIGNED
23	Nan	1 mgs	ATTENDING PHYSICIAN [	MEDICAL STAFF  DIRECTOR PHYSICIAN	10/19/9
	224 PHYSICIAN'S NAME (TYPE OR		22e. ADDRESS		6 11
	DAN	CAMPO			S. Hannove
23	BURIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY	23d. TOCATION CITY OR TOWN	COUNTY STAT
-	Cremation	10/21/82 We:	stview Cemeter	y Catonsville,	
'B1 24	FUNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR 25b. REGISTI	RAR'S SIGNATURE
	Raymond C. F	ink Glen	Busnire Md, OC	T251000 0.	



Witzke Catonsville Funeral Home. P.A. 21228

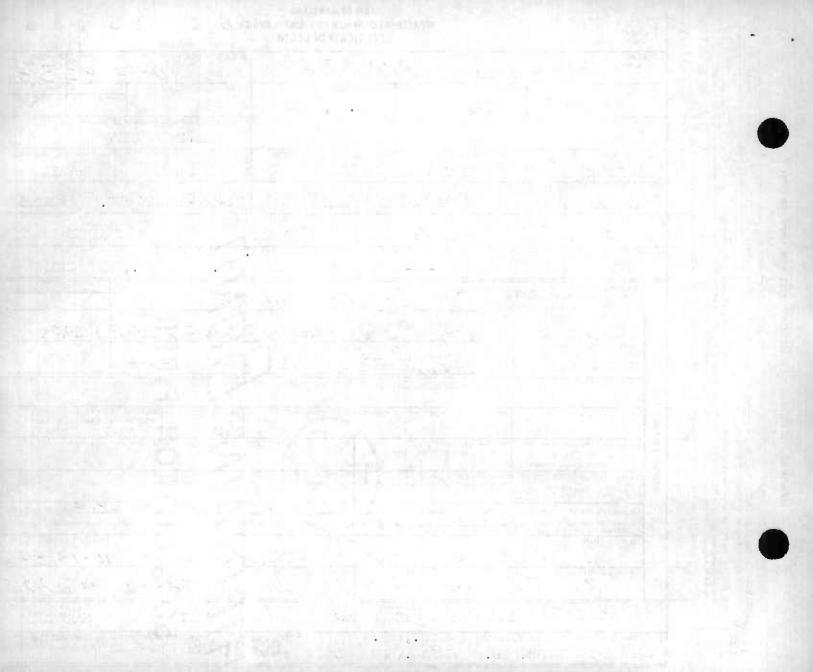
FOR - STATE

DHMH - 16 50M 1/8% (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Explaining to the test of the test of the second se the bow end was a second con-THE PARTY OF THE P

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH . DECEASED NAME YEAR 26 HOUR (TYPE OR PRINT) SARAH 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DEC. 5, 1893 DAYS WHITE 88 70. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? STATE OR FOREIGN MARRIED NEVER MARRIED **ENGLAND** BALTIMORE CITY USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
MERCHANT RETAIL BALTIMORE LEVINDALE HEBREW HOME DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 #SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 INSIDE CITY LIMITS? 13b COUNTY 2504 WHITNEY AVE. BALTIMORE MARYLAND #21215 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE JOSEPH LEBOVITCH MARY KLAVANS MRS. BETTY APORTS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT puo (YES, NO OR UNKNOWN) I LIF YES GIVE WAR OR DATES! 2504 WHITNEY AVE. BALTO., MD 21215 064-03-3991 the APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE AS A CONSEQUENCE OF PUCTUR LUNG PREASE YEARS. Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE O underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION ā 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 18 shay certificate 71g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL Jriol-(IF EITHER, NOTIFY MEDICAL EXAMINER) PAA 19 'n 21d, INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (our) apinian death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) should b 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMA (SPECIFY) CREM 23d. LOCATION 10/14/82 BALTIMORE MARYLANT LOUDON PARK 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. BHMH - 16 50M 1/76 6010 REISTERSTOWN RD. BALTO., MD 21215

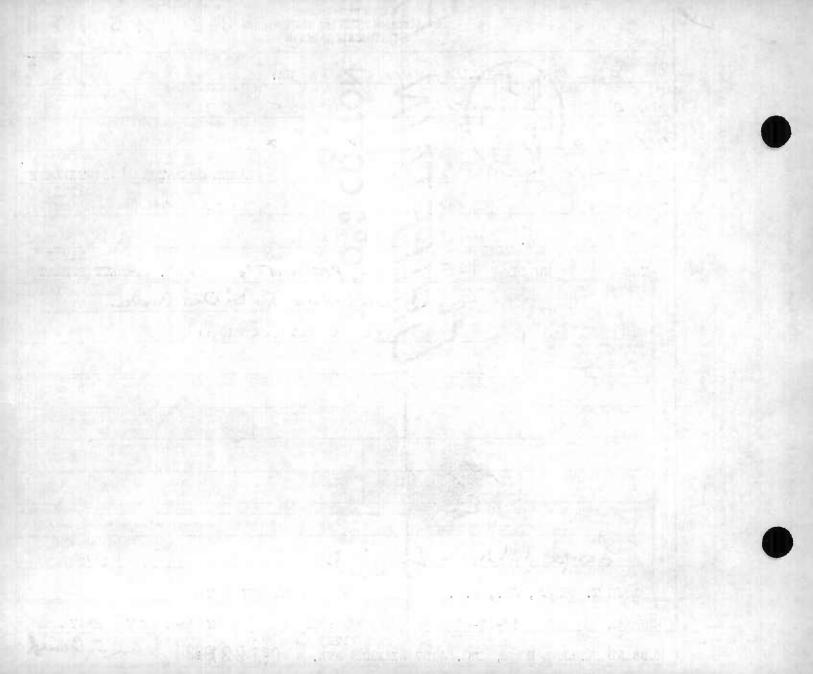
(VR A 15 (4))



HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1 6	1.	#5,FilmG574 FOR STATE	12/2/82 kam DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	Siene 8 204 1	9/29/82 3 5
eoth 3		REGISTRAR  CEASED NAME FIRST FOR PRINT	APPLESTEIL	LAST .	REG. NO.  20. DATE OF DEATH MONTH	432
M	3. SE	MALE	A. RACE WHITE	5. DATE-OF BIRTH MONTH GAY 25 YEAR 3		IF UNDER 1 YEAR IF UNDER 24 HE MONTHS DAYS HOURS ME
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4 4 00	8	Balto,	(IF NOT IN SUCH FACILITY, GIVE STREET	KEBREW CENTER	120 USUAL OCCUPATION (TYPOF WORK FOR MOST OF WORK)	ING LIFE) INDUSTRY  DRUGS
m 24 hours	130.	AL RESIDENCE (IF NURSING HOME OF STATE 13b COU	DR OTHER INSTITUTION, GIVE RESIDENCE BEFORI INTY 13c. CITY OR TOW	YES X NO	130. STREET ADDRESS	APT. 408 (2121
omplete)	P		MIDDLE APPLES	XXXX	XXXXXXXX	UNKNOWN
Pages Pages		MAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN)               YES R	- N	PINITY NO. 17. INFORMANT MRS. RENA		APT. 408 (2121 4001 CLARKS I
quires that the death signed by the attend hen please remove ca to burial, cremation, a to burial, cremation, a njury, or ather troumost	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUI	rotable Carcin		N GIVEN IN PART 1(g)
NG PHYSICIAN: The low require retaining physicion.  Mer this certificate has been sign as the buriol-transit permit. Then the and Mental Hygiene prior to be arked or them 18 shows any injury.	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
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Dy the harmonic population of the harmonic population of the popul			ru	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 10/31/32
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTE HENRIETTA 0 1. SEX 6 AGE (IN YEARS LAST-BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTH YEAR 29 BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE (STATE OR FOREIGN LOUNTRY? COUNTRY MARRIED NEVER MARRIED MARYLAND DIVORCED [ WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORY HOUSE WIFE UNIV. OF -0-SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 131 COUNTY la STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND PRINGE GEORG PALMER 8120 ALLENDALE NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LICY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 577-40-482 905 Glenwillow APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: FAILURE 2 WEEKS IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF CARCINOMA CERVICAL Conditions, if any, which gove rise to immediate couse to, stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO X 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE STREET NOT WHILE 22a.1 certify that (1) this haspital attended the deceased from. saw the deceased alive an OCTOBER 31 above, (I (We) (Idid) (did not) view the body ofter death and that in (my (four) apinion death accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED TO FUNERAL Hould be deter the Stote I 10, MD ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS BALTO, MD. 2120 GREENE 57.

DHMH - 16 50M 1/81 (VRA 15, 4)

14. FUNERAL DIRECTO es a sub-4339 HUNT PLACE PORT. E.

23b DATE

23a BURIAL CREMATION, REMOVAL

23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION

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VISCOLOGO WEST CONTROL OF THE STATE OF THE S First Mile Sec. 12, 121 21 Miles and August August Aniles C. Cultimore John L. Deaton Walical John L. Lomertaker Wown Lower Waryland Stringers & 15 . Painton & 15 Aninew F. Cherry Mungaret 246 tales to settle Heavy Fore, the Sugar Editor STATE OF STA Tr. Limian E. Eighnes, M.D. 6411 old Fredrick Bo., Esto., No. o ensemble of the contract of 101 100 , or 1 = 111

HUBBARD FUNERAL HOME. INC. 4107 WILKENS AVE

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CESSARY PLEASE  LE DIRECTOR.  OR OUR FILES.  WITHIN 72 HOURS  PRETTON STREET.	3. SEX Male	4. RACE Caucasia	5. DATE OF BIRTI	, 1961	6. AGE (IN YEA LAST BIRTHDA 21 YR	RS IF UN		HOURS		DATE DNOUNCED DE AD			4 19 82	2d HOUR 4:30
Figure	BIRTHPLACE FOREIGN COUNT Kentu	(RY)	U.S.A		TRY?	8. MARR	IED   NEV	ER MARRIE DIVORCE	D LX	altimore			F DEATH	MD.
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21201 AND 3 TO RETAIN HOULD B		CE (IF IN NURSING HOME:	OR OTHER INSTITUTION,	GIVE RESIDENCE		N)	13d. INSIDE CIT	Y LIMITS?	13e. STREET			St.	шја	
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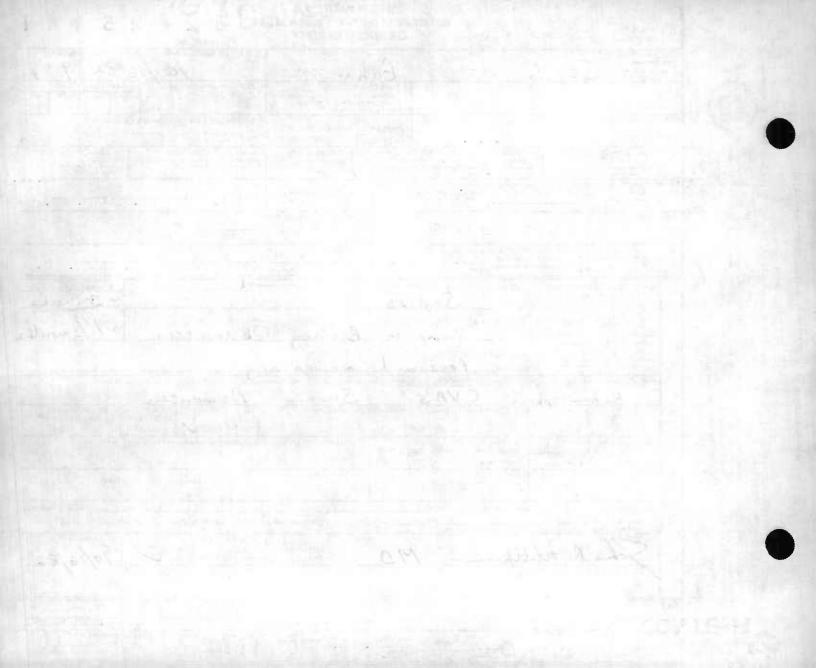
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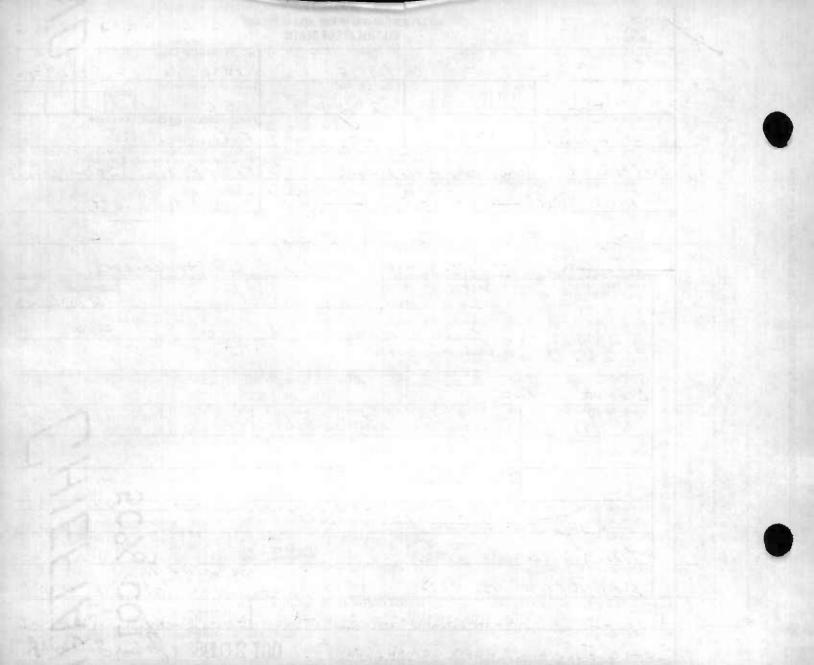
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIPPEL FUNERAL HOMES 7110 BELAIR RD.

(VRA 15, 4) 1/79





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AND 212	Ma	ryland	ME OR OTHER INSTITUTION OUNTY	B 1timor		13d. INSIDE CITY LIMITS? YES X NO	130. STREET ADDRESS 106 W. Uni	versit	y Pkwy	
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The law ration. The law ration. The has bee sit permit. Giene prior	CERTIFICATION	190. DATE OF OPERATION			PERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WE IN CERTIFYING YES	G CAUSES OF	S USED F DEATH? NO
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ITAL OI by the py the RAL DII t detach state De		226. SIGNATURE 22d. PHYSICIAN'S NAI	24	PRINT)	de	hu	ATTEND PHYSIC	CIAN	DIRECTOR PHYS		22c. DATE	SIGNED 7 S
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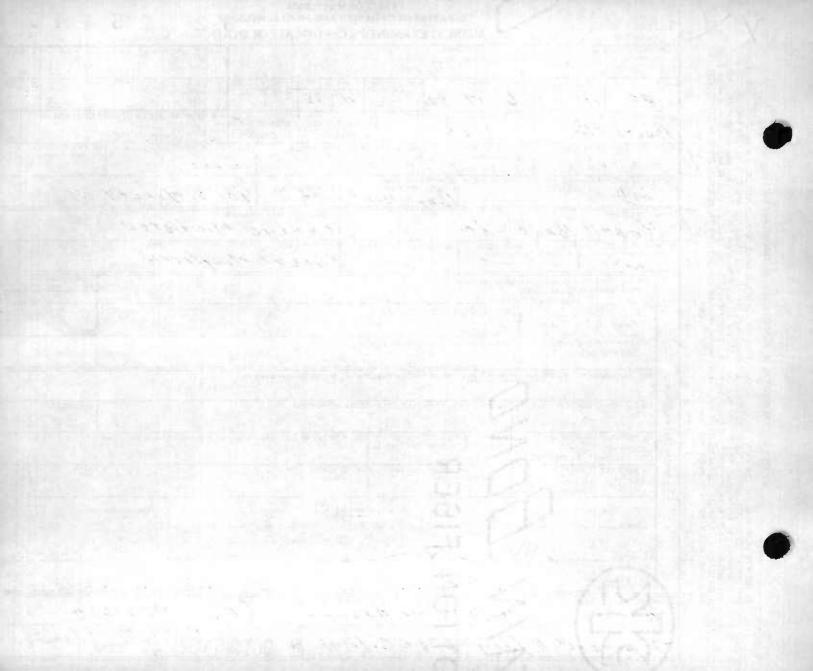
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME KNOWN X 2a. DATE MONTH DAY 26. HOUR (TYPE OR PRINT) ESTI-3 CHENELLE DEATH MATED BAKER 29 19 82 10 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS HTHOM DATE MONTH YEAR DAY LAST BIRTHDAY) PRONOUNCED 17 DEAD 29 19 82 a 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PREIGN COUNTRY) 30670 WIDOWED | DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) NUND Agnes Hospital Baltimore BALTIMORE, MD. 21201 Ja STATE 136 COUNTY 13d. INSIDE CITY LIMITS? MATIMORE NO [] LACT 166. SOCIAL SECURITY NO DIVISION (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sudden Infant Death Syndrome IMMEDIATE CAUSE (a)\_\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL, YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY EXECUTE THE CERTIFICATION

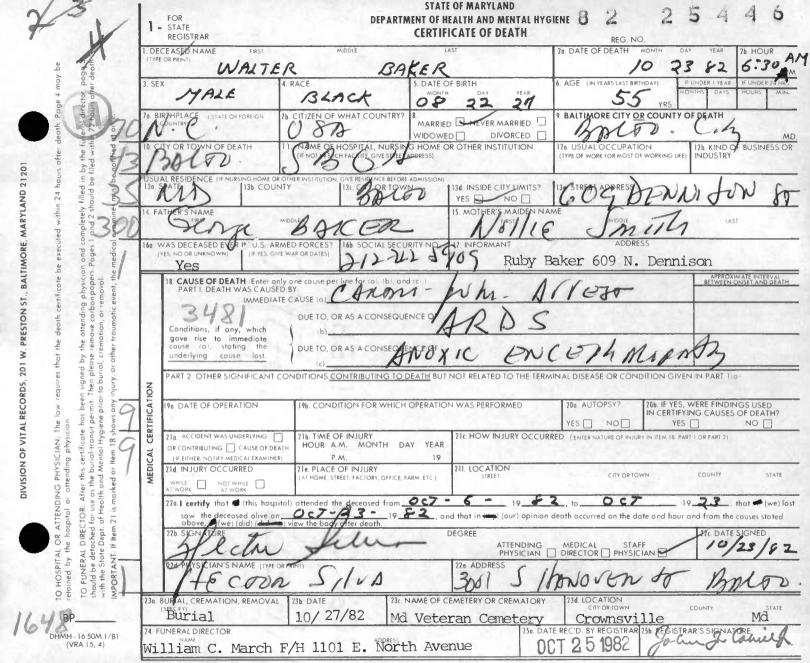
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TO FUNERAL DIRECTOR: PA

AFTER DEATH, WITH THE ST

BALTIMORE, MARYLAND, 2 22a | certify that I took charge of the remains described above, held an Inspection Ng gral causes X death resulted fram: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 10-29-82 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. 21201 Ann M. Dixon, M.D. (TYPE OR PRINT) 13d LOCATION
CITY OR TOWN 10 My 2 12 2 0 230 BURIAL, CREMATION, REMOVAL 236 DATE BURIAL BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** mak all P fargers 635 VC. / agon 61-VR A15 ME (5)) 20M 4/82





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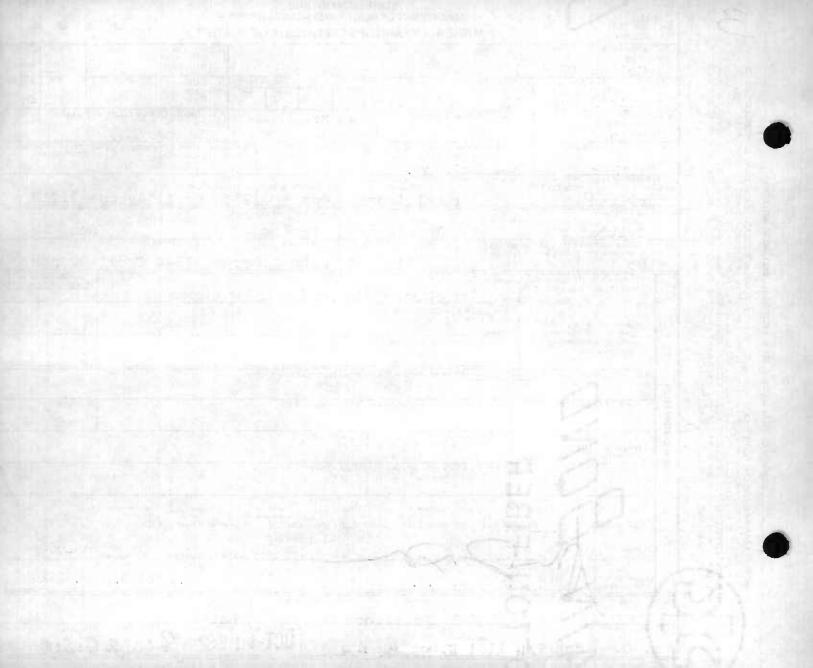
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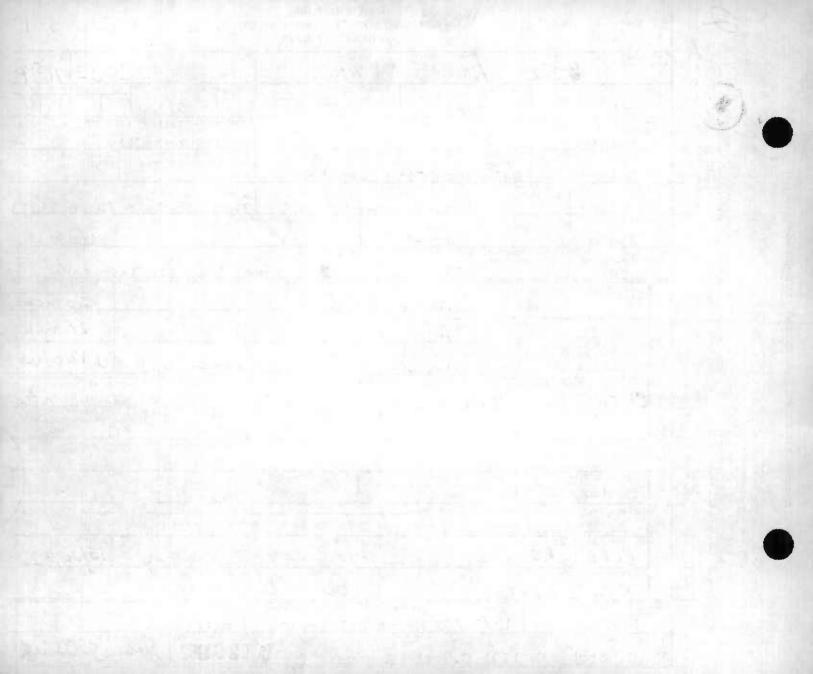
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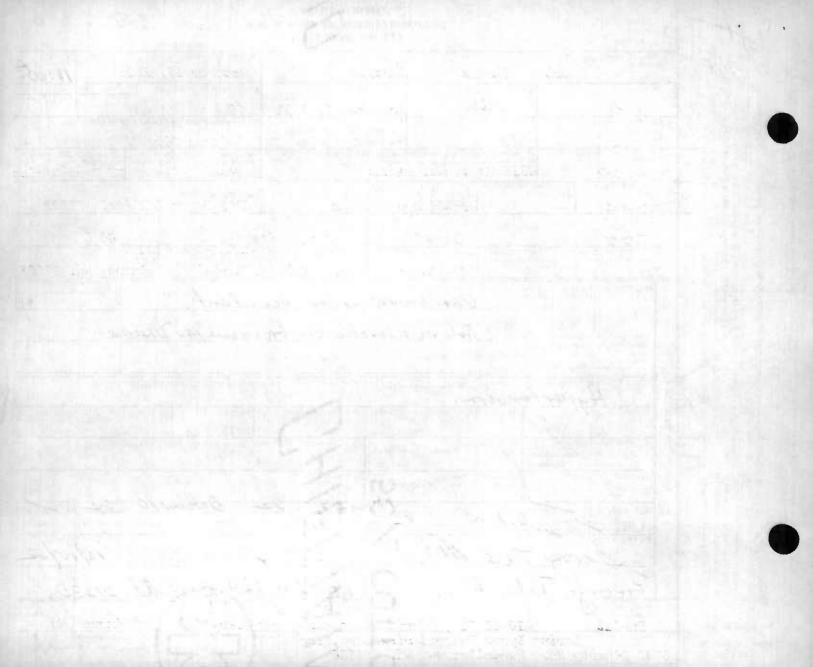
13	FOR		DEPARTMENT OF HEAL			9 5	0 5 0
'-	STATE REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE	OF DEATH REG	NO.	, 5 0
	ECEASED NAME & FIRST		WIDDIE	LAST	20 DATE KNOWN		DAY YEAR 26 HOUR
(TY	Helena HELE	ME )	М.	BARNES	OF ESTI- DEATH MATED		8 19 82 M
B. SE		5. DATE OF BIRTH		UNDER 1 YR. IF UNDER		10	DAY YEAR 24 HOUR
		MONTH DAY	YEAR LAST BIRTHDAY) MC	ONTHS DAYS HOURS	MIN PRONOUNCED	10	0014
	Female Black	12 7	20 61 YRS.		DEAD		8 19 82 4p M
	BIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	RRIED X NEVER MARE	PIED 9. BALTIMORE CIT	TY OR COUNTY	OF DEATH
N	Maryland	USA	WIDO	OWED DIVOR	CED 🗆 Baltimor	e City	MD.
10. C	ITY OR TOWN OF DEATH		SPITAL, NURSING HOME, OR C	THER INSTITUTION	12a. USUAL OCCUPATION	(TYPE OF WORK 12h	OR INDUSTRY
-	Paltimore	2540 Ce			FOR MOST OF WORKING LIFE)		OK INDUSIK!
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100	STATE 13b. COU	NTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	7	21210
_	Maryland I		Baltimore	YESXX NO		Avenue	5 71719
K	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAID FIRST	MIDDLE	100	LAST
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160.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDR		
1	No		217-34-7584	John A.	Barnes 2540	Cecil	Avenue
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	Canditions, if any, which						
	gave rise to immediate cause (a) stating the unde		R AS A CONSEQUENCE OF				
	lying cause last.	DOE TO, OF	R AS A CONSEQUENCE OF				
	man and the same of the same of	(c)					
	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN P	ART 1 (a)		
O N		7250	100000000000000000000000000000000000000				
1	190. DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATION	WAS PERFORMED?			20. AUTOPSY?
CERTIFICATION	57	- 1					YES NO 🛛
ER	210 EXTERNAL CAUSE WAS	216. TIME O		HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2	
			A. MONTH DAY YEAR				
MEDICAL	CONTRIBUTING CAUSE OF			LOCATION			
1 3	21d INJURY OCCURRED		OF INJURY (AT HOME, 21f.	LOCATION	CITY OR TOWN	COUNT	Y STATE
2	WHILE NOT WHILE AT WORK						
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	22a. I certify that I took cha	rge at the remains de	scribed above, held an Aut	lapsy , Inspected	an [X], Inquiry [_],	and in my apinio	an
	death resulted from: Not	ural causes 💹,	Accident , Suicide	, Hamicide	Undetermined manner		
				TITLE (SPECIFY)			
	ACTUAL A		-6-22	M.D. Assistan	MEDICAL EXAMINER	DATE SIGNED_	10-9-82
1	The state of the	1	1700				
1	EXAMINER'S NAME	nn M. Dixo	n. M.D.	1	11 Penn St., E	Balto., M	Md. 21201
220	(TYPE OR PRINT) BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETER	ADDRESS	23d. LOCATION CITY OR TOWN		
	(SPECIFY)					COUNTY	state Md.
24	BURIAL	10/14/	82   Baltimor	e Cem	Baltimore	=	
1 47.	FUNERAL DIRECTOR			125g, DATE	REC'D. BY REGISTRAR 1756.	REGISTRAR'S SIGI	NATURE
7.7	FUNERAL DIRECTOR	ADDRES		OCT		REGISTRAR'S SIG	NATURE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 2n DATE OF DEATH I. DECEASED NAME 7h. HOUR (TYPE OR PRINT) & Joe 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF LINDER I VEAR MONTH YEAR HOUR5 3 25 25 57 male Black In BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia WIDOWED DIVORCED [ Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore City Hospital Baltimore #SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13h COUNTY 13t. CITY OR TOWN 13e STREET ADDRESS 113d INSIDE CITY LIMITS? 3965 Sinclair /Lane 21213 Maryland Baltimore-4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Zelia Jonah Barnes Finney ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT I YES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 230-20-5395 Helen Barnes 3965 Sinclair Lane No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 20 run PRESTON ST. IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stoting the underlying DIVISION OF VITAL RECORDS, 201 RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 20n AUTOP NO YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC/ 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram, that (1) (we) lost sow the deceased alive on\_ and that in (my) (our) apinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF FUNERAL DIRECTOR PHYSICIAN MPORTANT PHYSICIAN 22d PHYSICIAN'S NAME LIVE OF PRINT 22e. ADDRESS should be with the S 0 23r. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE 23d LOCATION STATE CITY OR TOWN COUNTY BURIAL Mount Calvary Cem Baltimore Md 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 ADDRESS (VR A 15 (4)) Wm.C.March F/H 1101 E.North Avenue



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Easton, Md.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

Newnam Funeral Home

DHMH - 16 50M 4/82

(VRA 15, 4)

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

IF UNDER 24 HRS

IF UNDER 1 YEAR

MEDICINE

Eberhard

APPROXIMATE INTERVAL

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22c. DATE SIGNED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE  REGISTRA  THE CERTIFICATE OF DEATH  REGISTRA  REGISTRA  TO STATE  REGISTRA  TO STATE  REGISTRA
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BALTO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  LAPHYEHE SQUARE NURSING CHE RETIRED  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13a STATE  13b COUNTY  MD.  Baltimore  Baltimore  14 FATHER'S NAME FIRST  Richard  Baskerville  Baskerville  Baskerville  Elizabeth  Baskerville  Baskerville  Baskerville  15 MOTHER'S MAIDEN NAME FIRST  Richard  Baskerville  Baskerville  16b SOCIAL SECURITY NO.  17 INFORMANT  ADDRESS  Silver  18 CAUSE OF DEATH LENter only one couse per line for 101, (b), and Icl.  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  CASANDON CALL SECURITY NO.  SINCE  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SET WEREN ONSET AND DEATH SET WORK OF WORK FOR MOST O
Baltimore Baltimore   13d Inside City Limits?   13e Street address   13d State   13d County   13d City of Inside City Limits?   13e Street address   3157 Leeds Street   13d State   13d County   13d City of Inside City Limits?   13e Street address   3157 Leeds Street   13d State   13d County   13d City of Inside City Limits?   13e Street address   3157 Leeds Street   13d State   13d County   13d City of Inside City Limits?   13e Street address   3157 Leeds Street   13d State   13d County   13d City of Inside City Limits?   13e Street address   3157 Leeds Street   13d State   13d County   13d City of Inside City Limits?   13e Street address   3157 Leeds Street   13d County   13d City of Inside City Limits?   13e Street address   3157 Leeds Street   13d County   13d City of Inside City Limits?   13e Street address   3157 Leeds Street   13d County   13d City of Inside City Limits?   13e Street address   3157 Leeds Street   13d County   13d Coun
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130 COUNTY  131 COUNTY  131 COUNTY  132 CITY OR TOWN  133 MISSIDE CITY LIMITS?  134 INSIDE CITY LIMITS?  135 MOTHER'S MAIDEN NAME  FIRST  Richard  14 FATHER'S NAME  FIRST  Richard  Baskerville  Baskerville  Elizabeth  Baskerville  Baskerville  15 MOTHER'S MAIDEN NAME  FIRST  Richard  Baskerville  16 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OR UNKNOWN)  16 YES. W NO II INFORMANT  ADDRESS  SINUR  225-10-0766  Paul Baskerville  18 CAUSE OF DEATH LENter only one couse per line for 101, (b), and (c)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  CAS CANDON C. C. A. CANDON C. C. C. CANDON C. C. C. C. CANDON C. C. C
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  SINCE  (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CAS CINCOM  S 11 87
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The formation of injury in item 18 part   OR PART 2)  OR CONTRIBUTING CAUSE OF DEATH  ACCOUNTED TIME OF INJURY IN ITEM 18 PART   OR PART 2)
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obove, (I) (we) (did \(\text{did not}\) view the body ofter death.
PHYSICIAN DIRECTOR PHYSICIAN
TO THE OF THE PHYSICIAN'S NAME (TYPE OF PRINT)
1276 PHYSICIAN'S NAME (TYPE OR PRINT)  Amatun: M- Hacan 501. Dolphin Street B-170 MP7
122 DUDIAL CREMATION PENOVAL 100 DATE 122 NAME OF CRIMETERY OR CREMATORY V 1224 LOCATION
(SPECIFY) STATE
Burial 10/8/82 Mt. Auburn Balte. Md.
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH LAST MONTH 1. DÉCEASED NAME FIRST YEAR 2b. HOUR (TYPE OR PRINT) E. WESLEY 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH YEAR DAYS HOURS 908 VIHITE 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY MARYLAN WIDOWED DIVORCED 0. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOREMAN BAUNTIRRIEN + SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 131. CITY OR TOWN 13a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BALT YES NOK 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE 60-WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF hock Canditians, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A GONSEQUENCE OF Ducclenal ulcer underlying cause last Perforate 0 ple PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 bur DIVISION OF VITAL RECORDS, 0 prior 20a AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? Mental Hygiene NOR YES [ NO [ buriol-transit 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21e. PLACE OF INJURY 211. LOCATION 71d INJURY OCCURRED 6 CITY OR TOWN COUNTY STATE AT HOME. STREET, FACTORY, OFFICE, FARM. ETC 1 NOT WHILE AT WORK 220.1 certify that (Lithis hospital) attended the deceased from. sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (luwe) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 77c. DATE SIGNED MEDICAL STAFF PHYSICIAN ☐ DIRECTOR ☐ PHYSICIAN MPORTANT: 22e. ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) old b Shoul with 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN (SPECIFY) BURIAL BALTIMORE 250 DATE REC'D. BY REGISTRAR 251-REGISTRAR 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 (VRA 15, 4)

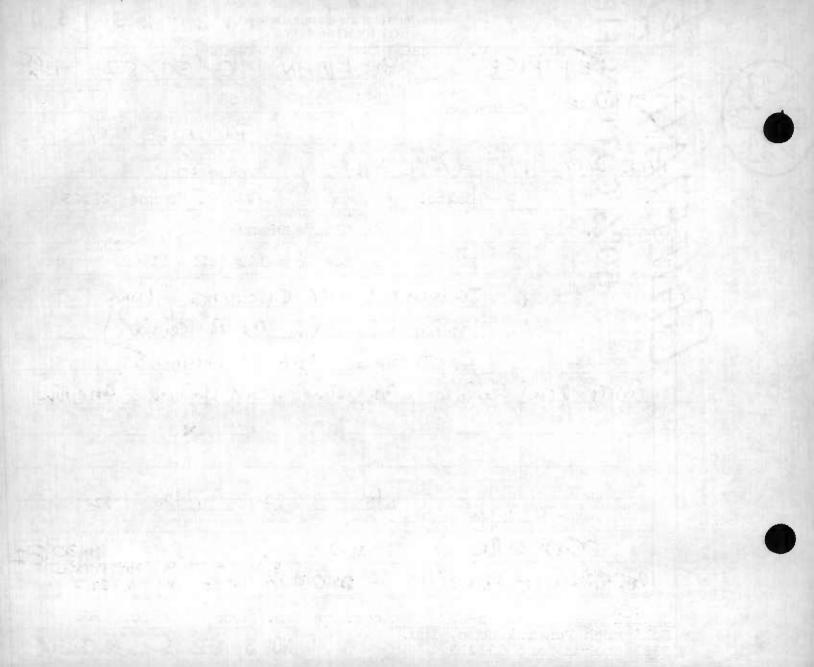
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be be say be		E OR PRINT)		RTRUDE	М.		EAUCHAMP			10 1	8 82	2:	35 PM
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hin 24 hours		AL RESIDENCE (IF NURSIN	NG HOME OR O	THER INSTITUTION		E BEFORE ADMISSIO		AITS? 13e	STREET ADDRESS		St2		
mpletely f	14. F.	ATHER'S NAME UNKNOWN	<u> </u>	IDDLE	t A		15. MOTHER'S MAID	EN NAME	la Loos	DUIL		AST	
ond com		VAS DECEASED EVER II	N U.S. ARM	ED FORCES?	166. SOCIAL 2/5-0	SECURITY NO.			rtt - 834	ESS	ton Au	Aru - MH	nold,
equires that the death cert is signed by the ottending. Then please remove corbor to burial, cremation, or rer njury, or other traumatic ex	NO	Conditions, if ony, gove rise to imm cause (a), stating underlying cause  PART 2. OTHER SIGN	ediote the lost	(b)	R AS A CON	SEQUENCE OF	VASCULAR  UT NOT RELATED TO TH	Acad HE TERMINA		NDITION GIV	EN IN PART	ays	
NG PHYSICIAN: The low requires the ottending physicion.  Ifter this certificate has been signed by the this certificate has been signed by the ond Mental Hygiene prior to burial, the ond Mental Hygiene prior to burial, orked or frem 18 shows ony injury, or the other orked or the other	CERTIFICATION	19a. DATE OF OPERATI	ON	196 COND	ITION FOR V	VHICH OPERAT	ION WAS PERFORMED		200 AUTOPSY?	IN CERTIF	S, WERE FIND YING CAUSE S []	INGS USED	TH?
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R ATTENDIN hospital or a property or a freedom. After for use or the for use or the for use or the form 21 is monthly them 21 i		220.1 certify that sow the decem-	this hospite		10/18		ond that in my (our) o	82 ppinion deat	, to th occurred on the c	lote and hou	r and from th	that (I) (vie couses sta	
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TO HO TO Fu should with th	23g.	HOVY		trothe	es III		CEMETERY OR CREMA		23d LOCATION	212	18		
903BP		(SPECIMI)  (NERAL DIRECTOR		10-2	1-82	4.	and Memoria	1 Cem	CITY OR TOWN  Bald  C'D. BY REGISTRAI	o Ad.	COUNTY		STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	1	phrace. Mill	er In	c-6415	Belai	r Rd2		OC.	T 1 9 1982	John	and of	Abel	A

Care Line Town, Delline בו מופסיונו בי 2/5- 1-550 Buris . Sink - 37 Buris - 8-3/2 The second secon Subject 10-21-32 contract marial on works, it, con . Wiles bear 15 which a . - 1/2 15

15/1-	tems #lōa- FOR STATE REGISTRAR		D	2/7/82 rst/ EPARTMENT OF DICAL EXAMII	HEALTH		2.0	REG. NO.	5	4 5	8
	CEASED NAME	FIRST		MIDDLE		LAST	2a. DATE	KNOWNX	MONTH D	DAY YEAR	26 HOUR
(TY	PE OR PRINT)	Mark		Anthony		Beavers	OF DEATH	MATED	10 2	20 19 8	2
SE	X 4. RA	CE	5. DATE OF BIRTH	YEAR 6. AGE (IN )		DER I YR. IF UNDE				DAY YEAR	24 11001
		nite	10 23	F 4 0 5	YRS.	5 DAYS HOURS	MIN PRONOUN DEAD	) ACED	10 2	20 19 8	2 2:16
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	ryland		U.S.A.		WIDOW					e Cit	ML
	Baltimore	9 /	Baltim	TITAL, NURSING HOA ILITY, GIVE STREET ADDRESS NOTE CITY	Hospi		FOR MOST OF WOR	PATION (TYPE O		or indus	TRY
9. 5	ALRESIDENCE (IF IN N STATE Aryland	1136 COUNT	other institution, give imore	RESIDENCE BEFORE ADMIS	SION)	T3d. INSIDE CITY LIMITS? YES NO 5	13e STREET ADDRE	COLL			21222
	ATHER'S NAME	LDarc				15 MOTHER'S MAIL	EN NAME		rngna	JG III.	Teer
2	Thomas		E.	Beavers	S	Mary	M	MODLE	T	Ellio	++
16a. '	WAS DECEASED EVE		ED FORCES?	16b. SOCIAL SECUR		17. INFORMANT		04PDR150			
No	(ES, NO, OR LINKNOWN)	(IF YES, GIVE W	AR OR DATES)	218-64-4	4919	Mary T.		Bal		MD.2	
CERTIFICATION	gave rise to cause (a) statin lying cause last PART 2 OTHER SIGNIFICA	g the <u>under</u>	(c)	AS A CONSEQUENCE  UT NOT RELATED TO THE TER	RMINAL DISEASE		ART I (a).			0 AUTOPS	(?
TIF										YES X	NO 🗆
MEDICAL CE	210 EXTERNAL CAL UNDERLYING CONTRIBUTING	OR CAUSE OF DE	EATH P.M.	MONTH DAY YEA	AR		ED (ENTER NATURE OF IN.	JURY IN ITEM 18 PAR	RT 1 OR PART 2)		
AED	WHILE NO	RRED T WHILE	21e PLACE OF	FINJURY (ATHOME, DRY, FARM, ETC.)		REET	CITY OR TO	WN	COUNTY	,	STATE
1	AT WORK AT										
*	ATT ONLY	I took charge		ribed abave, held an Accident, S	Autaps	Hamicide TITLE (SPECIFY) D. Assistan	Undetermined mo	anner ,	DATE		/20/82
4	220. I certify that death resulted fra	I took charge		Accident , S	Suicide	Hamicide TITLE (SPECIFY) Assistan	Undetermined mo	anner ,	DATE SIGNED_	10,	/20/82
2	226. I certify that death resulted fro ACTUAL SIGNATURE EXAMINER'S NAMI (TYPE OR PRINT)	Hor	ON R. G.	Accident , S	Suicide	Hamicide TITLE (SPECIFY)  ASSISTAN	Undetermined mo	anner ,	DATE SIGNED_	10, 21201	
23a. Ę	226. I certify that death resulted fro	HOY REMOVAL 231	mez R. Gu	uard, MD.    23c. NAME OF CI	M.  EMETERY OF	Homicide TITLE (SPECIFY)  ASSISTAN  ADDRESS 111  CREMATORY  Faith	Undetermined mo	AINER et,Balte	DATE SIGNED_ O.MD	10, 21201 Mary	/20/82

20M 4/B2

1 6	FOR 1- STATE REGISTRAR		OF HEALTH AND MENTAL HYG WINER'S CERTIFICATE OF I	0 4 4	4 5 9
24.22.27	T. DECEASED NAME FIRST	arles J.	Becker	20 DATE KNOWN \ MONO OF ESTI- DEATH MATED   1	
BY, PLEA DIRECTO OUR FILE ON STREE	1. SEX 1. RACE	US, 24 1919 AST	(IN YEARS IF UNDER 1 YR, IF UNDER 24 H	PRONOUNCED DEAD 1	D 30 1982 10:40
NECESSA S FOR A M PREST	RIPSHPLACE ISTATE OR ALLEMAN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	□ Baltimore	City MD.
DELAY IS TO THE N PAGE N FILED OS. 201	Baltimore	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET ADD UNIVERSITY HO  E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	ospital Z	LUSUAL OCCUPATION TOP OF WO	RK 126. KIND OF BUSINESS OR INDUSTRY
P. 21201	130 STATE 136 COL	JULY 13c. CLY OR TO	YES NO	130 E. For	t ave.
ORE. ME DEATH DEATH SW PW OF VITA	IN EATHER'S NAME FIRST  LOS JOL  160 WAS DECEASED EVER IN O.S. A	LAST  RAMED FORCES? 16b. SOCIAL SEC	15. MOTHER'S MAIDEN A	t Fack	LAST
SAFIR GIVER PAGES MAGES	OR UNKNOWN) (# YES, G	VE WAR OR DATES! 37-0"	7-9832 Chales	Becker	V. QUESUE  APPROXIMATE INTERVAL
D WITHIN 24 NOUS  D WITHIN 24 NOUS  PENCIL IN ITEM SE  AMINER ALONG  TRANSIT PERMIT  ENTAL HYGIENE, D  OR REMOVAL	PART I DEATH WAS CAUS	th (b) MULTIPLE  DUE TO, OR AS A CONSEQUE	Injuries NCE OF		BETWEEN ONSET AND DEATH
ECORDS, 20 DE EXECUTE REDING" IN MEDICAL EX AS A BURLA ALTH AND A CREMATION	PART 2 OTHER SIGNIFICANT CONDITIO		NE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:	α.	
WITAL B SHOUL WORD 'P WORD' P BE USED BURIOL HE	190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS		OPERATION WAS PERFORMED?		20 AUTOPSY?  YES □XX NO □
DIVISION OF S CERTHICATE RITING THEW RODE TO THE R 3 SHOULD I E DEPARTMEN 01 PRIGR TO I	UNDERLYING OR CONTRIBUTING CAUSE O	21e PLACE OF INJURY (AT HO	Driver of van	in multi vehicle	collision
DIV BR: THIS C ATE, WRIT ORWARD ORWARD OR STATE (IC), 21201	AT WORK AT WORK	STREET, FACTORY, FARM, ETC.]  roadway  arge of the remains described above, held	North of Brompt	on Rd. Woodlawn	
AL EXAMINE HE CERTIFIC HE CERTIFIC ALL DEBECTO TH, WITH TH E. MARPORE	death resulted fram: No	Shaw	Suicide , Hamicide U	Indetermined manner ,	TE 10/31/82
O MEDIC RECUTE 1 AGE 4 SI O FUNE FITER DEA	EXAMINER'S NAME	Hormez R. Guard, M	DADDRESS_111 Per	nn STreet,Balto.	,MD 21201
2403BP361	23a BURIAL, CREMATION, REMOVAL	1236 PM 3/82 1231 MANE C	CE 25a. DATE REC'	D BY REGISTRAR 234 HEGY HAR	SSIGNATURE STATE
(VR A15 ME (5)) 20M 4/82	Padel 91	Genero Freder &	pme 150/8. Jak	ME. 1982 Joa	mg "



THE SE SELECT STATES IN like the stantage of 101 v ol ratio one diffusi iamlar . ... Paltimore Union Pemorial Orbital Loston Corbital Title amov. groupi de C blogg H Junean Clarcine . elsconer VI Yes / Wall 212 14 979 Fe. Letty Elconer "The Mickey granus unich 11-12-2 recent to certical translation to the bur se uneral ore, altimose, anyland

George A. Weber & Sons Inc .- 705 S. Ann St.

MIDOLE

STATE

DHMH - 16 50M 1/B1

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

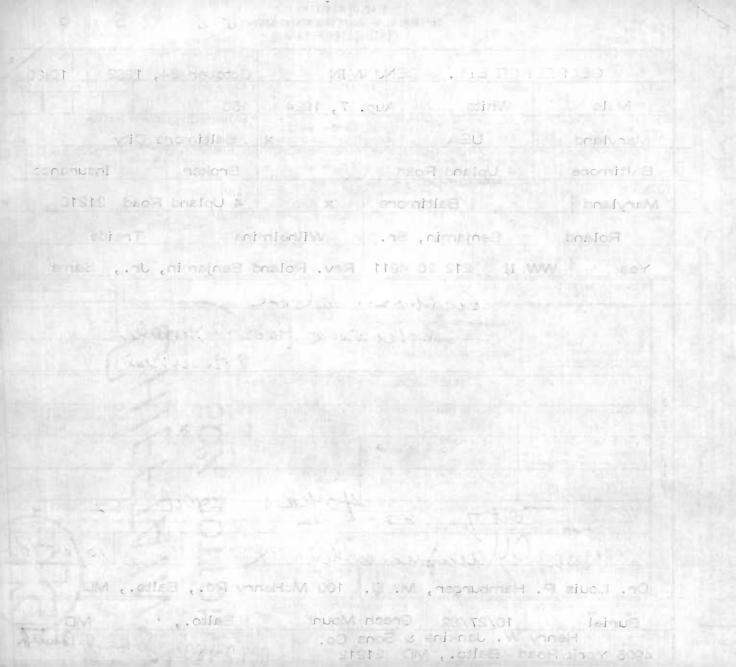
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

(VRA 15, 4)

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POP	1.	FOR STATE REGISTRAR			DEPARTM	ENT OF H	EALTH AND MENTAL HY ICATE OF DEATH		REG. NO.	5 4	6 4
		CEASED NAME	FIRST	MIDDLE		L	AST	2a. DATE OF DI		DAY YEAR	2b. HOUR
ge 3 eoth	LIAM	GEO	RGE	TREIDE	BE	ENJA	MIN	Octobe	r 24, 19	982	10:30 M
moy po te d	3. SE	x		4. RACE		S. DATE C		6. AGE (IN YEAR	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
1 2 2		Male		White		Aug		58	YRS.		MIN.
4 S S S S S S S S S S S S S S S S S S S		RTHPLACE (STATE OR FO	REIGN	76. CITIZEN OF WHAT	COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY	OF DEATH	4-1-6-3
death.		Maryland		USA		WIDOWE	D DIVORCED	Balti	more Ci		MD.
at he fa	10. C	TY OR TOWN OF DEAT	Ή	(IF NOT IN SUCH FACILI	TY, GIVE STREET A	ADDRESS)	ROTHER INSTITUTION		R MOST OF WORKING LIF	12b. KIND (	OF BUSINESS OR
	10000	Baltimore AL RESIDENCE (IF NURSIN		4 Upland				Brok	er	Insu	rance
filled in ould be	13a. S		3b COUP	NTY 13c. C	altimo	V	134. INSIDE CITY LIMITS?	13e. STREET AD	and Road	d 212	10
rithir cithir	14, F/	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN N		NIDDLE	LA	.67
WA B and 2000		Roland		Benjar		Sr.	Wilhelm		T	reide	
ore, and co		VAS DECEASED EVER IN		E WAR OR DATES)	OCIAL SECUI		17. INFORMANT		ADDRESS		
BALTIMORE cate be execu- spers. Pages wol.		Yes	W	V II 212	2 20 4	1911	Rev. Rola	nd Benja	min, Jr		AME  KIMATE INTERVAL  LONSET AND DEATH
01 W. PRESTON ST., BAI that the death certificate d by the attending physic lease remove carban pape ial, cremation, or removal. ar other traumatic event, the		Conditions, if any, gave rise to immecause (a), stating underlying cause	which ediate the last.	DUE TO, OR AS A  (b)  DUE TO, OR AS A	CONSEQUE	NCE OF	Dog Plo		Moder	,	
DIVISION OF VITAL RECORDS, 20 ING PHYSICIAN: The law requires r offending physician. Wher this certificate has been signed as the burial-transit permit. Then pl th and Membal Hygiene prior to buri arked or them 18 shows any injury, a	CERTIFICATION	19a. DATE OF OPERAT	ON	196. CONDITION	FOR WHICH		NOT RELATED TO THE TEI	200 AUTOPS	Y?   20b. IF YES	S, WERE FINDS	INGS USED
IYSICIAN: T ding physicis certificate burial-transi Mental Hygistr frem 18 sh		210 ACCIDENT WAS UNDE OR CONTRIBUTING CA	USE OF DEA	HOUR A.M. A	NONTH DA		21c. HOW INJURY OCCU	JRRED (ENTER NATUR	E OF INJURY IN ITEM 18 P	ART 1 OR PART 2)	
VISION OF VII  G PHYSICIAN: ottending physic er this certifical s the burial-tran and Mental Hy ked or hem 18:	MEDICAL	(IF EITHER, NOT IFY MEDICA  21d. INJURY OCCURRE  WHILE NOT WHILE AT WORK AT WORK	D	21e. PLACE OF INJ	URY TORY, OFFICE, FA	ARM. ETC.)	21f. LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE
ATTENDIN aspital or ICTOR: Af- for use a d for use a for use a for use a m 21 is mo.		saw the deceased	alive on	attended the dece	199	7. or	d that in (m) (aur) apinio	n death accurred o	n the date and hau	Same of the last o	, that (I) (wa) last e couses stated
the hour DIRE		22b. SIGNATURE	1	Ollar	Lu	no	SA WYTENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN []	22c. DATE	125/8Z
TO HOSPITA relained by TO FUNERA should be di with the Sto		Dr. Louis		Hambu <b>r</b> ge	er, N		100 McHe	enry Rd.	, Balto.	, MD	
δ 6 5 ₹ ¥ ₹ <b>₹</b>	23a.	BURIAL, CREMATION, R	EMOVAL				EMETERY OR CREMATOR	CITY OR	OWN	COUNTY	STATE
7/LBP		Burial		10/27/8			Mount	Balt			ID.
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	UNERAL DIRECTOR H					s Co. 250. D	ATE REC'D BY REG	982	and	Camely



HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀

REG. NO

FOR

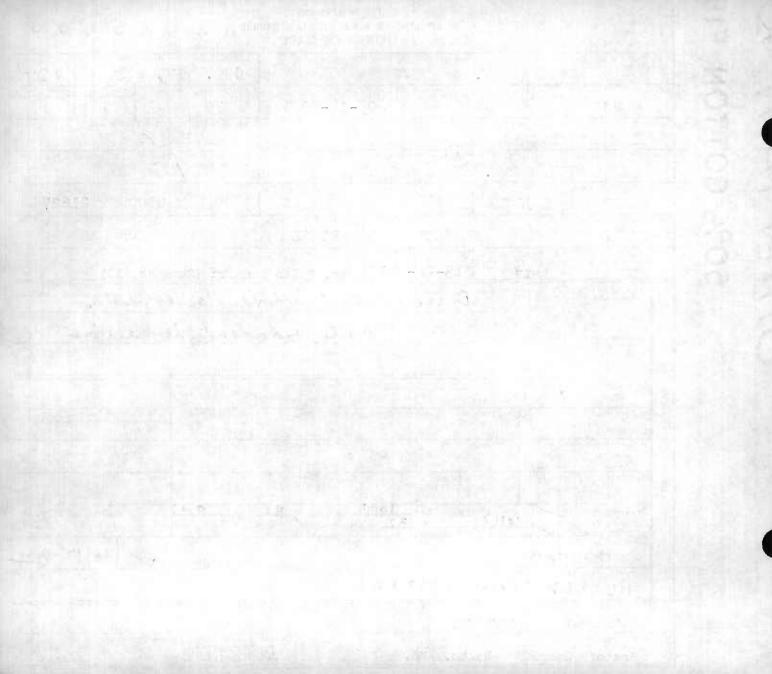
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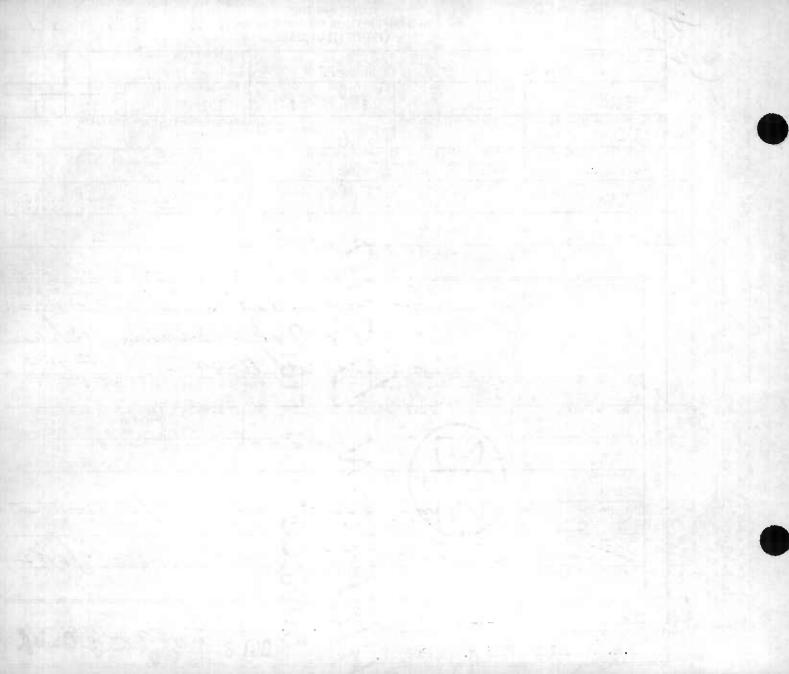
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	1-	FOR STATE	DEPART	STATE OF MARYLAND  MENT OF HEALTH AND MENTAL HYC  CERTIFICATE OF DEATH	GIENE 8 2 2 5 4 6 8
	056	REGISTRAR	MIDDLE	LAST LAST	REG. NO.
		EASED NAME FIRST JAMES		1 Marian	QCT. 17, 1982 7.20
1	3. SEX	0 1142 22270	4 RACE	Is. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24
4	2	MALE	WHITE	05-11-03 YEAR	79 YRS MONTHS DAYS HOURS
75	C	RTHPLACE (STATE OR FOREIGN OUNTRY) FLANSYL ANIA	76 CITIZEN OF WHAT COUNTRY?	? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE, CITY
4	IO CIT	BALTIMORE	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS
3	USUA 13a. ST	L RESIDENCE (IF NURSING HOME OR FATE MARYTA NI BA	OTHER INSTITUTION GIVE RESIDENCE BEFORE TOVER TOVER TO THE TOTAL TO THE TOTAL	RE ADMISSION)  NN   13d. INSIDE CITY LIMITS?  YES   NO FA	13e. STREEL ADDRESS BO COURT 21227
21		THER'S NAME	MIDDLE BENNETT	15. MOTHER'S MAIDEN NA	
2	160 W	AS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS
		YES WW	III 213-20-	-3413 Mrs. Helen I	Bennett (Same as #13)
y injury. or		Nen	ı	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110
6/1					20. ALITOPSY? 20h IF YES WERE EINDINGS LICED
Lows on	TIFIC,	190. DATE OF OPERATION			20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO
/ /	CERTIFIC	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M., MONTH D	DAY YEAR 21¢ HOW INJURY OCCUR	IN CERTIFYING CAUSES OF DEATH
9	CAL	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M., MONTH D	21c HOW INJURY OCCUR 19 211 LOCATION	YES NO IN CERTIFYING CAUSES OF DEATH YES NO   RED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)
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them 21 is morked or them 1	MEDICAL	210. ACCIDENT WAS UNDERTYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHER MEDICAL EXAMINER 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (I) (this losp) sow the deceased alive op obove, (I) (was did ) (due no 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE O	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,  101) oftended the deceased from 1011 11 yiew the body ofter death.	PAR YEAR  19  211 LOCATION STREET  211 LOCATION STREET  212 ADDRESS  213 LOCATION STREET  214 ADDRESS	IN CERTIFYING CAUSES OF DEATH   YES



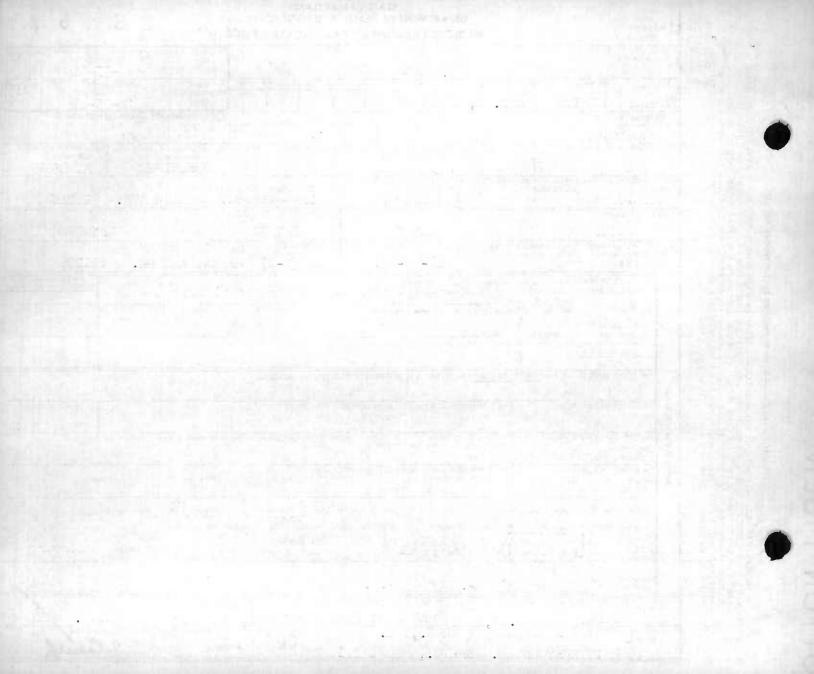
-0	1	STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	5 4 6 /
12 M	1. DE	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		MAGGT			NNFTT	10	4 82
rs ofter	3. SE	× FEMALE	4. RACE BLACK	S. DATE		6 AGE (IN YEARS LAST BIRTHDAY)  101  YRS.	IF UNDER 1 YEAR IF UNDER 24 HR
36		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
Series Control	BA	LTTMORE	11. NAME OF HOSPITAL	NURSING H		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING RETTRED	12b. KIND OF BUSINESS O
25	MA	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		PROPERTY ADMISSION	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 3735 COLUMBUS	DRIVE 21215
30	HA	AMILTON		BROOK	SÄLLIE	WIDDLE	POULTON
e medico	16a_\	VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b. SOC (E WAR OR DATES)	IAL SECURITY NO.	MARGARET BAYL	ADDRESS OR 3735 COLUMB	BUS DRIVE 2121
injury, or other troums	NOI	Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	ASEQUENCE OF	relief alged NOT RELATED TO THE TERM	ASCV 42) INAL DISEASE OR CONDITION G	IVEN IN PART 10
8 shows ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
Item 18 s	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE CHEET, NOTIFY MEDICAL EXAMINER	HOUR A.M. MOI	19		RED (ENTER NATURE OF INJURY IN ITEM 18	3, PART I OR PART 2)
orked or	MED	21d. INJURY OCCURRED  WHILE DOT WHILE DAT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR		216. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ANT: If Item 21 is mo		220 I certify that the thin houp sow the deceosed olive or obove. (I) (well-did) (did no 22) SIGNATURE.	at) view the body after dea	X10 820	DEGREE	death accurred on the date and to	pur and from the couses stated
should be de with the Stot	23a. I	BURIAL, CREMATION, REMOVAL		23r NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
	(	BURIAL	10-7-82		IS MEM. PK.	BALTIMORE	COUNTY STATE MARYLAND
M 1/76	24 FI	E.L. PHILLIPS	1721 N. MÔÎ			BEC'D. BY RECUSTBAR 256. (EGIS	STRAR'S SIGNAL PERSONAL PROPERTY OF THE PROPER



(VRA 15, 4)

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20M 4/82



DHMH - 16 50M 1/B1

(VRA 15, 4)

FOR

REGISTRAR DECEASED NAME

- STATE

(TYPE OR PRINT)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AI

	ICATE OF DEATH	REG. NO.	5 4 / 0
	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
В	ESSLING	10 0	5 82 5:30pm
5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
05	02 1897	85 YRS	MONTHS DATS HOURS MIN.
8	D & NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
WIDOWE		Baltimo	re City MD
HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
GENI	ERAL HOSPITAL	LABORER	TRANSIT CO.
DMISSION)	13d. Inside City Limits?  YES NO   15. MOTHER'S MAIDEN NA  FIRST  MARY	13e STREET ADDRESS 1117 W. OSTEND ME MIDDLE	STREET, 21230 LOMAN
ITY NO.	17. INFORMANT	ADDRESS	21230
2590	HAZEL C. BES	SSLING 1117 W. C	
1	en anes	, L.	SETWISH DATE STEEVAL SETWISH DATE AND DEATH
ICE OF	ve Heart	Failure	
CE OF			

lost.	(c)_	3.7.0 A 5.0	
VIFICANT CON	NDITIONS (	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P.	ART 1(o

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21f LOCATION CITY OR TOWN COUNTY STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED

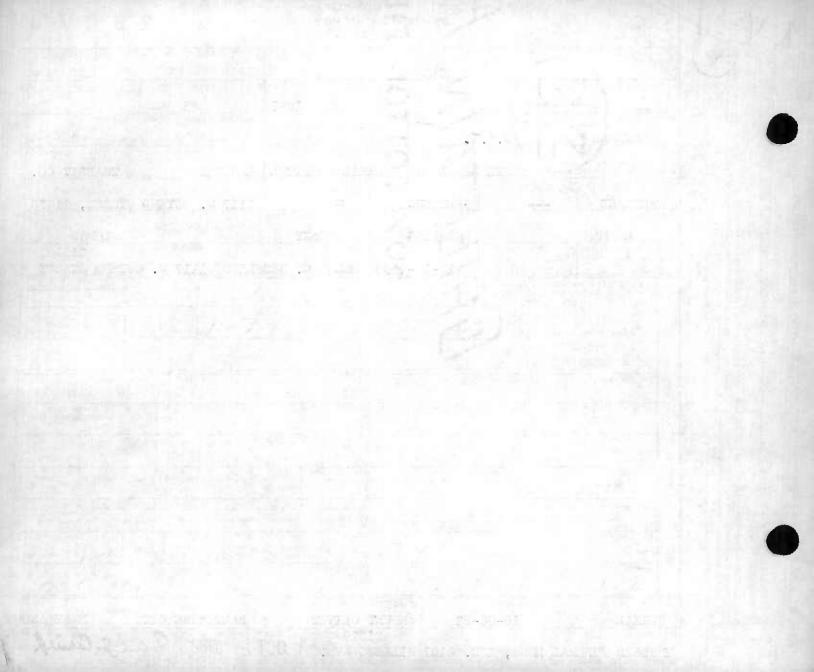
ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

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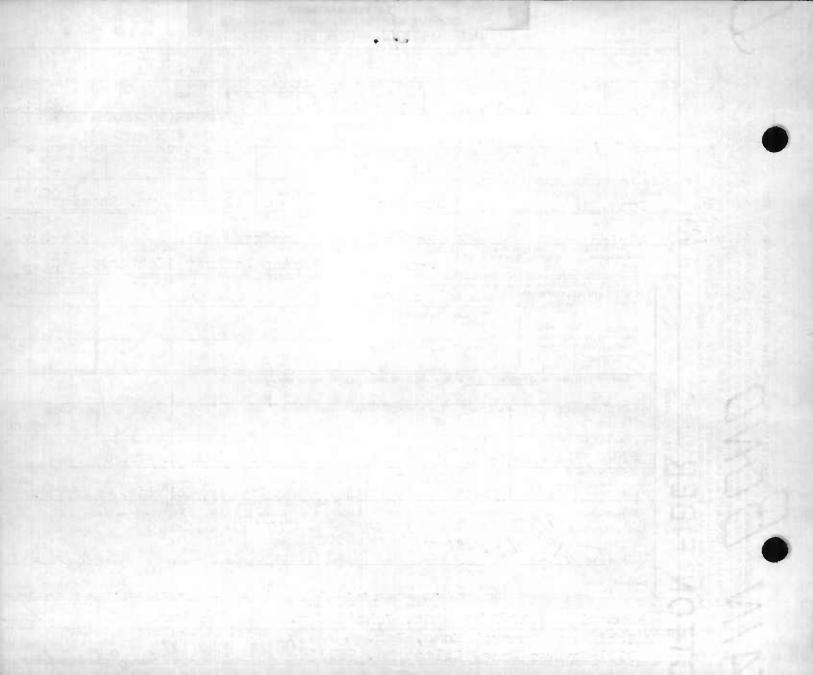
23c. NAME OF CEMETERY OR CREMATORY BALTIMORE CITY

24 FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

250 DATE REC'D. 1982



20M 4/82



THE SECOND CONTRACTOR	valeoniilia		
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FOR

STATE OF MARYLAND

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March Conversion		NR 500	

1	1		FOR			E OF MARYLAND	TAL HYGIENE	63 17	7	[m
1	X	1-	STATE REGISTRAR	MEI	DICAL EXAMIN		TE OF DEATH	REG. NO.	and /	3
			CEASED NAME FIRST		WIDDIE	LAST	20 DATE KI	THOM . T. MONT	H DAY YEAR	2b HOUR
	<b>英文的是由</b>	(141)	E OR PRINT) FLWC	IOD	BLACKST	ONF. JR.	OF DEATH A	MATED .	1 = 018	
	2025	3. SE	4. RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDA	RS IF UNDER 1 YR. IF I	UNDER 24 HRS. 2c. DATE	ADO:	16 AY 2 YEAR	28.110011
	0.100.0		Yole BIK	7 29	60 22 YR	S. MONTHS DATS HE	DEAD	10-	-16-82	9:55
		DFC	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WI		8 MARRIED   NEVER	MARRIED . 9. BALTIMO	RE CITY OR COU	NTY OF DEATH	
	ZEE S	D	TY OR TOWN OF DEATH	U.S.	PITAL NURSING HOME		N 12 USUAL OCCUPA	Itimore (	CITY 1126 KIND OF B	MD.
	PAGE FRIED	-	TOR TOWN OF DEATH	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKIN	NG LIFE]	OR INDUS	TRY
	A5-88		STOENCE IF AL HURSING HOME O		VERESIDENCE REFORE ADMISSIO	Street	Unemple	9		21230
21201	F ANY DE AND 3 TC RETAIN SHOULD BI LIRECORDS	13a.5	Md. 136. COUNT	IA	Balto	13d. INSIDE CITY L	IMITS? 130 STREET ADDRESS	larey	GOURT	7,2,5
WD.	A SANA	14 F.	ATHER'S NAME	MIDDLE	TAST	15. MOTHER'S	MAIDEN NAME	DIE	( ) LAST	
wi.	GES 1, AND 2 AND 2	0	Elwood	13/30	ekstone,	er. Do	rbara		Keys	>
BALTIMOR	IIN 24 HOURS AFTER DEATH IN ITEM 18. GIVE PAGES 1 A ALONG WITH FORM PM SIST PERMIT. PAGES 1 AND HYGIENE, DIVISION OF WITH MOVAL.	16a V		MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY	1 1-1	121-	ADDRESS	zu wile	
BAL	URS AP 18. GIVI WITH IT. PAG DIVISI		No		X/X / 0 /	143 Elwae	a Viacksion	e, 31. 27.	24 WIIO	1729
ST.,	E SHOULD BE EXECUTED WITHIN 24 HOUR VORD. PENDING." IN PENCIL IN ITEM 18. E CHIEF MEDICAL EXAMINER ALONG W BE USED AS A BUNIAL. IRANSIT PERMIT. NI OF HEALTH AND MENTAL HYGENE, D BURIAL, CREMATION, OR REMOVAL.		18 CAUSE OF DEATH (Enter online PART I DEATH WAS CAUSED	) BY: (	for (o), (b), ond (c).) Sunshot wour	nds of the h	nead			SET AND DEATH
PRESTON ST.	124 HO LITEM 1 ALONG T PERMI TGIENE, DVAL.		9654 MMEDIAT	E CAUSE (a)	AS A CONSEQUENCE (					
PRES	THIN SIL IN ANSIT REMO		Conditions, if any, which gave rise to immediate	(b)						
` ≥	ED WITH PENCIL L-TRANS AENTAL ACNTAL		cause (o) stating the under- lying cause lost.		AS A CONSEQUENCE C	)F				4-3
, 201	EXECUTED ING" IN PI ICAL EXAM A BURIAL- H AND MEI MATION, C			(c)						
RECORDS,	PENDING" PENDING" PENDING" PASA BUR HEALTH AND	z	PART 2 OTHER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIV	VEN IN PART 1 to:			
EC.	PENIC MEI MEAU MEAU MEAU	CERTIFICATION	19g DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPER	ATION WAS PERFORME	D?		20. AUTOPS	Y?
OF VITAL	SHOULD ORD "PE CHIEF A SE USED A IT OF HEA	FFC							YES XX	
V TO	WO BE	CER	210 EXTERNAL CAUSE WAS	21b. TIME OF	INJURY YEAR		CURRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR		
NO	WRITING THE WORR WARTING THE WORR WARDED TO THE CHI AGE 3 SHOULD BE U ATE DEPARTMENT O 21201 PRIOR TO BURI		UNDERLYING XXOR CONTRIBUTING CAUSE OF E		>M°70-16-82°	subject s	shot			
DIVISION	DEP DEP	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE	21e PLACE C	TORY, FARM, ETC.)	21f LOCATION	Neveda Street	Ral timor	CauniMary La	and STATE
۵	IS THIS CONTROLL WRITE WARDERS PAGE STATED		AT WORK AT WORK	k stre	et .	2500DTK. 1	veveda Sileei		e , mai y i c	niu -
	POR NO.		22a I certify that I took chorg	e of the remains des	cribed abave, held an		spection , Inquiry	, and in my	apinion	
	EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: WITH THE S AARYLAND,		death resulted fram: Natur	al couses L	Accident	cide , Hamicide		ner .		
	E CERT DOUD F DOID F H, WIT MAR		ACTUAL MOA	wite M	e yer of	TITLE (SPEC	tant	DAT		7-82
	SEAT SEAT SEAT SEAT SEAT SEAT SEAT SEAT			1	-	M.D. <u>13313</u>	MEDICAL EXAMI	NER SIG	NED	
	TO MEDICAL EXAMINER: 17 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST, BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)Ma	rgarita A	Korell M.	ADDRESS	111 Penn Stre	eet		
	PAGE PAGE —	230.8	URIAL, CREMATION, REMOVAL 2	3b. DATE	23c. NAME OF CEA	AETERY OR CREMATORY	23d LOCATION CITY OR TOWN	CC	OUNTY	STATE
200	BP		Sur 12	10/21/82	MIG' V	A1. Mam Pt	DATE REC'D. BY REGISTRAR	175h BEGISTDAD	M Q .	
イン	SHMH - 17	11.	NAME A AA	N + SONS	1701 La	urens	OCT 2 0 1982	9.1	2. C.	10
	(VR A15 ME (5))	1	MES A. MORTO	N POUNS	1 101 14	4, 5112	001 20 130			7/

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SLACK Funeral Home, Ellicott City, Maryland 21043

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Witzke Catonsville Funeral Home.P.A. 21228

STATE

DHMH - 16 50M 1/81 (VRA 15. 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

24 FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md 25a. DATE REC'D. BY REGISTRAR 25b. BEDISTRAR'S SIGNATURE

82

INDUSTRY

Kitchens

Humpress

21207

YES

COUNTY

22c DATE SIGNED 10-13-8

Maryland

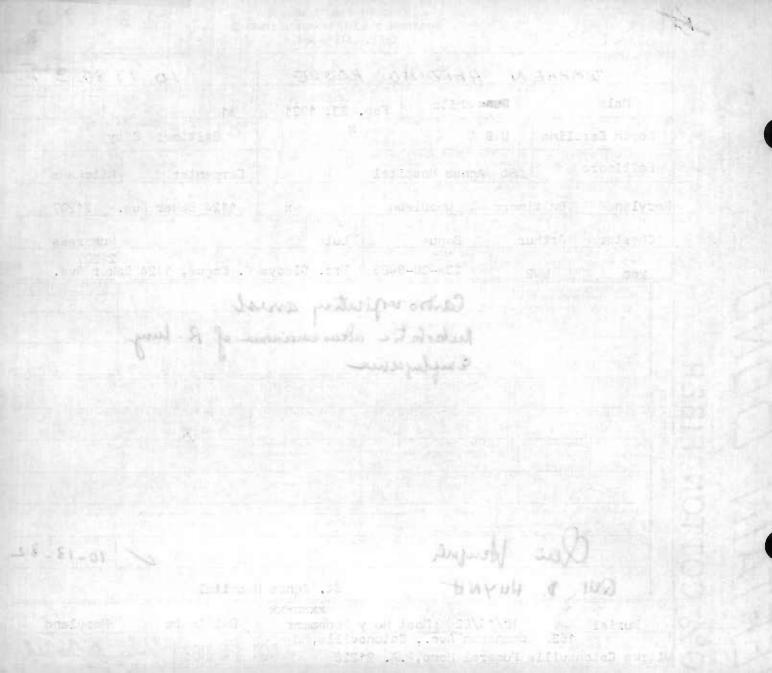
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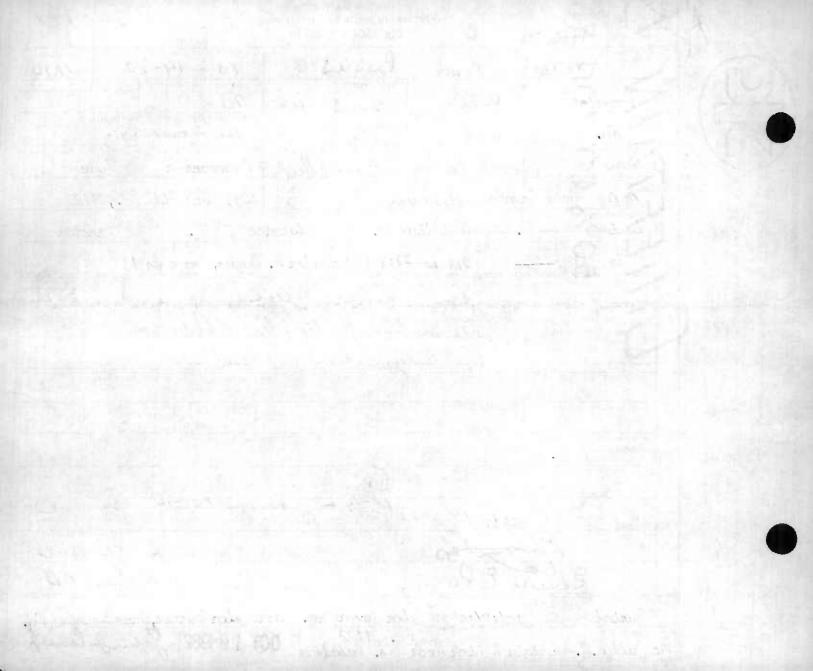
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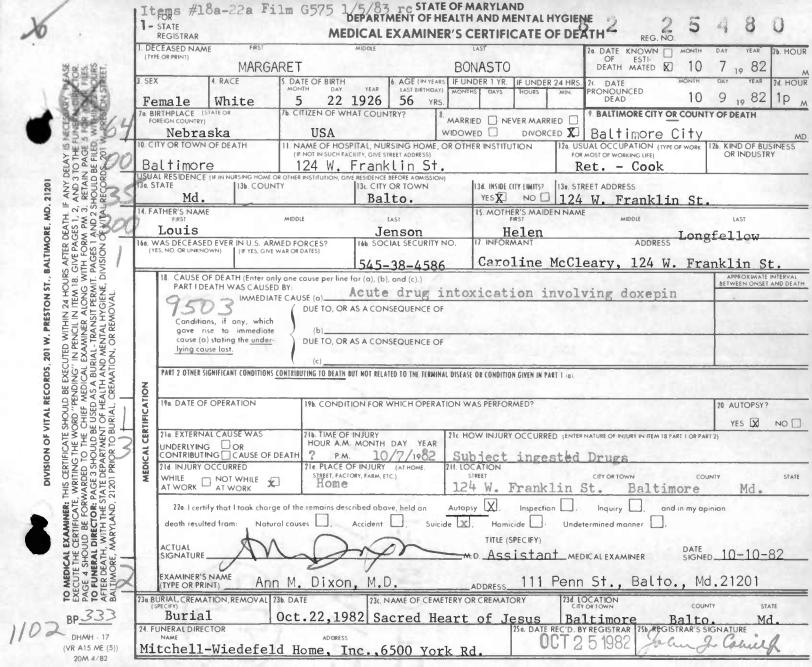
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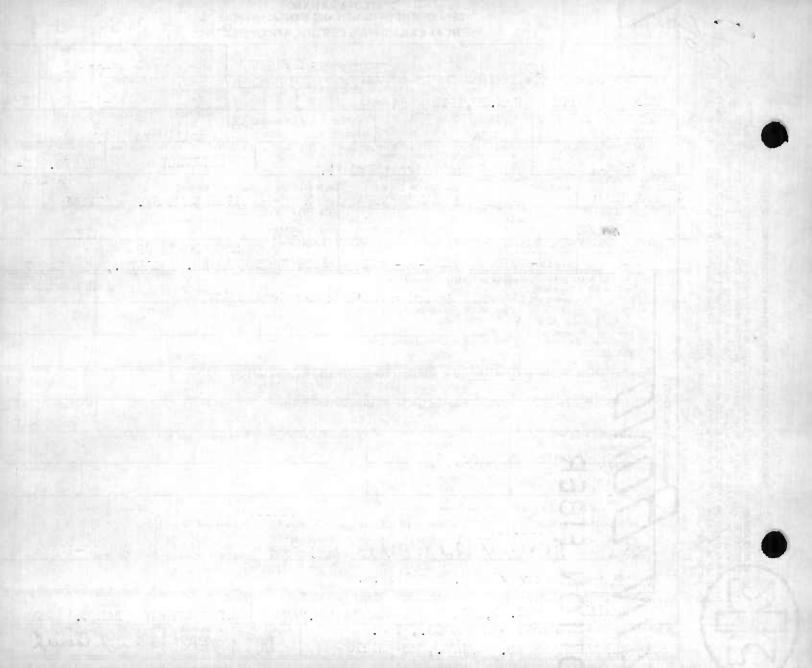




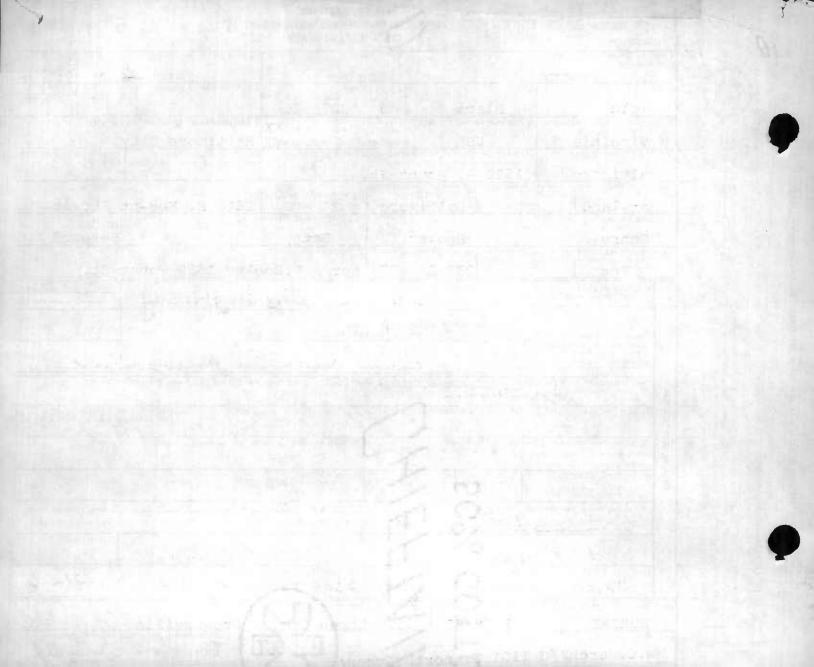


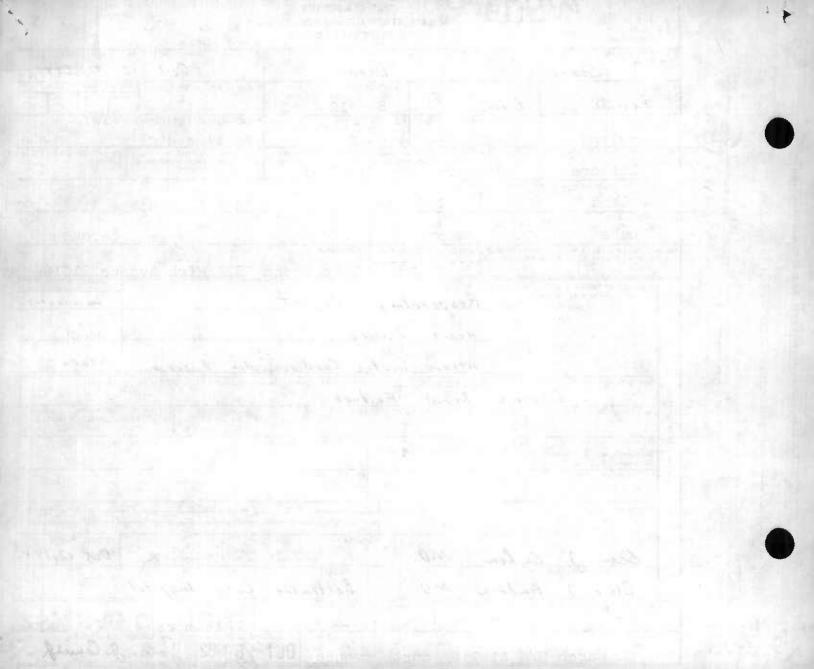
DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH " REGISTRAR DECEASED NAME 2a. DATE KNOWN [ DAY 26. HOUR MONTH (TYPE OR PRINT) EST1 BONDROFF DEATH MATED XX MILTON 4. RACE 5. DATE OF BIRTH 6 AGE IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED JAN.29,1918 10-10-82 12PM MALE WHITE 64 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? ES 1, 2, AND 3 TO THE FUNERAL PM 3. RETAIN PAGE 5 FOR Y ND 2 SHOULD BE FILED, WITHIN F WITAL RECORDS 201 W. PREST 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX FOREIGN COUNTRY) MARYLAND USA WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION POR MOELIVERY BALTO. SUN-Baltimore 1775 Bank STERRIS 1725 Bank Street 3rd fl PAPERS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY MARYLAND BALTIMORE NO [ 1725 BANK ST. #21231 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES 1, 2 FORM PM MIDDLE MIDDLE LAST LAST SAMUEL BONDROFF **EVA** CHAZEN 16b. SOCIAL SECURITY NO 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? LEON BONDROFF DIVISION (YES, NO, OR UNKNOWN) YES WWII-ARMY 218-07-6921 3225 GREENMEAD RD. BALTO. 21207 MD CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES 🗌 NO XX AGE 3 SHOULD BE LATE DEPARTMENT C 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 ORWARDED TO THE HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNER. PAGI AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 Inspection XX 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion Notural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 10-11-82 Assistant SIGNATURE MEDICAL EXAMINER 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23L NAME OF CEMETERY OR CREMATORY STATE ISPECIFY) BURIAL OCT.12,1982 OHEB SHALOM MEM. PARK REISTERSTOWN BALTO. MD 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 21215 BALTO., MD (VR A15 ME (5)) 6010 REISTERSTOWN RD. 20M 4/82

STATE OF MARYLAND



ALC: THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY ADDRESS OF T		EASED NAME FIRST	MIDI	DLE	LAS	it		20. DATE OF	REG. NO.	ONTH DAY	YEAR	26 HOUR
25	(1.0.6)	Henry			Вос	ker			. 1	0	82	9:19 DM
	3. SEX	male	4. RACE Blac		5. DATE OF	BIRTH 27	26	6. AGE (INY	EARS LAST BIRTHE	6 YRS	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
272 ho	C	THPLACE (STATE OF FOREIGN	76. CITIZEN OF WH	IAT COUNTRY?		□ NEVER M	ARRIED XX		RE CITY OR	COUNTYO		
d within	10 CI	Virginia Y OR TOWN OF DEATH	(IF NOT IN SUCH F	SPITAL, NURSING ACILITY, GIVE STREET AI	DDRESS)		ORCED	12a. USUAL	imore OCCUPATION FOR MOST OF W	4		F BUSINESS OR
d in by	-	Baltimore L RESIDENCE (IF NURSING HOME OF TABLE 1336 COU	ROTHER INSTITUTION GIV	Mount E RESIDENCE BEFORE A  C. CITY OR TOWN	DMISSION)	3d. INSIDE CI	TY I laa its?	13e STREET	DDRESS			
Fille		laryland		Baltimo	ore	YES 🔀	NO []	1520	N. M			
ampletel 2 s	14. FA	Henry Henry	MIDDLE	Booker	17		MAIDEN NAM	ΛE	MIDDLE		hephe: Shep	
Poges		AS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	33-38-6		Norma		oker	1520		st.	
ovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per lin	e far (a), (b), and	(\$1.7	)	-t.w	9.1.	L'co.	- 111		MATE INTERVAL DNSET AND DEATH
or rem		4939 IMMEDIA	TE CAUSE (a)	S A CONSEQUEN		eaper	ally	, arcary	1 cer	1		
mave contain, ration,		Conditions, if ony, which gove rise to immediate	(b)	A	sthr	na						
l by the ease rer ol, crem r ather		cause (a), stating the underlying cause last.	DUE TO, OR A	S A CONSEQUEN	Meni	e oh	stri	true 7	tin us	aydi	2022	
n signed Then plo r to burio injury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DI	EATH BUT N	OT RELATED	TO THE TERM	INAL DISEASI	OR CONDIT	TION GIVEN	IN PART 10	1
permit.	CERTIFICATION	90 DATE OF OPERATION	19b. CONDITIO	196. CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTO	NOT	NOB. IF YES, WIN CERTIFYIN	NG CAUSES	OF DEATH?
Hygiene 18 shows		210. ACCIDENT WAS UNDERLYING [	HOUR A.M.	NJURY MONTH DAY		21c. HOW IN.	JURY OCCURR	ED (ENTER NA				
	Ş	(IF EITHER NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED	21e. PLACE OF	INJURY FACTORY, OFFICE, FAI	19 PM EIC	211. LOCATIO	N		CITY OR TOWN	4	COUNTY	STATE
	MEDICAL	AT WORK NOT WHILE AT WORK AT WORK NOSC				X-x-	- 10 72	ta	10-	5 19	82_	that (I) (we) last
	WED	220.1 certify that (I) (this hosp	ital) attended the d	receased from		X — X — that in (my)	= 19 72. (out) opinion (			5	82_, nd from the	that (I) (we) lost couses stated
DIRECTOR: After this certificated for use as the buricles Dept. of Health and Mental If Hem 21 is marked or Hem.	MED	220.1 certify that (I) (this hosp	ital) attended the d	receased from	<u>2</u> , onc	that in (my)		deoth accurre	d on the date	and haur a	8 2, nd fram the	couses stated
UNERAL DIRECTOR: After this certificable defoched for use as the burial-in the State Dept. of Health and Mental NRTANT: If them 21 is marked at them.	MED	270. I certify that (I) (this hosp saw the deceased alive or obove, (I) the Iddid (Idd and 172). SIGNATURE  270. PHYSICIAN'S NAME (TYPE:	nal) attended the d	eceased from 19 8 er death.	<u>2</u>	that in (my)	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF  PHYSICIA	and haur a	22c. DATE	SIGNED
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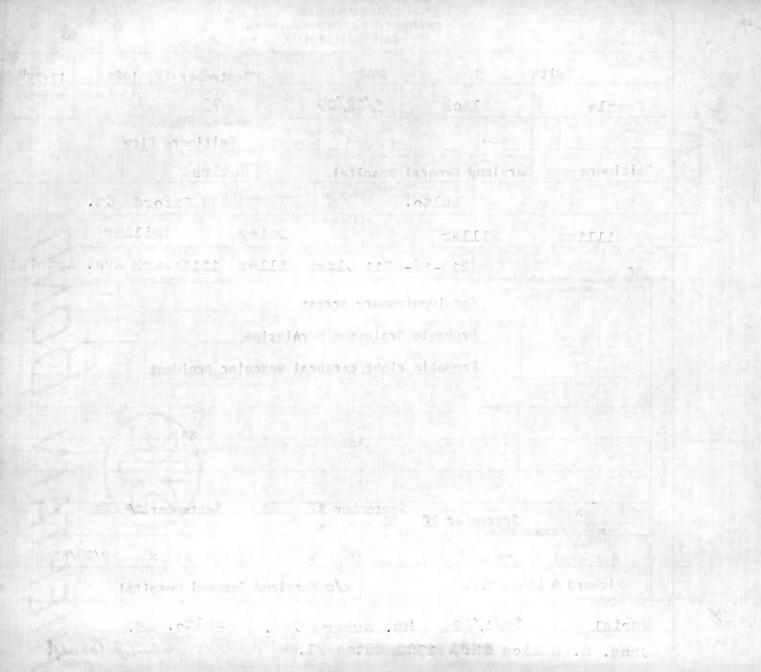
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

UNIT NO 337292

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STATE OF MARYLAND



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ORE, M DEATH OF NO.	1		HARLES					D	OROTHY	M.		HER.	
L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND: F. MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA F. MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA F. MEDICAL EXAMINER PERMIT. PAGES 1 AND; 2 SHOULL HEATTH AND MEATH, TRANSIF PERMIT. PAGES 1 AND; 2 SHOULL HEATTH AND MEATH, THANGIENE, DIVISION OF WITH PECOP AL, CREMATION, OR REMOVAL.	16a. V	WAS DECEASED ES, NO OR UNKNOW	EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	214-	38-2	476	MM Dow	thy M. B.	ADDRES	2508	8 Hud	51224
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		EXAMINER'S IN	AME Anr	M. Dixon	_M.D.			ADDRESS11	1 Penn St	., Bali	to., M	ld. 212	01
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	REGISTRAR  ECEASED NAME FIRST YPE OR PRINT)	MEDICALEXAM	INER'S CERTIFICATE	20 DATE KNOWN I	MONTH DAY YEAR TO HOLLE
3 SE	Al fred	5. DATE OF BIRTH MONTH DAY YEAR LAST BIR		OF ESTI- DEATH MATED X  ER 24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH DAY YEAR 24 HOUR 5.52
CESSAP WEST PRESTO	Male NEGRO BIRTHPLACE (STATE OR FOREIGN COUNTRY)	12 - 15 - 1942 39 76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MA	RRIED 💆	OR COUNTY OF DEATH
5年8年8	CITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE) 511 E. 20th Str		Baltimor  120 USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE)	
ANY DE ANY DE AND 3 TO SET ANY DE ANY		OTHER INSTITUTION GIVE RESIDENCE BEFORE ADM	ISSION)	13e. STREET ADDRESS	St.
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E WORD "PENDIN HE CHIEF MEDIC LD BE USED AS A R KENT OF HEATTH O BURIAL, CREM CERTIFICATION CERTIFICATION		196 CONDITION FOR WHICH O		700110	20 AUTOPSY?
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PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35A AFTER DEATH, WITH THE STATE DEPARATIONORE, MARYLAND, 21201 PRI		e af the remains described abave, held a all causes 50. Accident	Autopsy XX, Inspection of Suicide I, Homicide III (SPECIFY)  ASSISTAN	Undetermined manner	DATE 10-22-82
AGE 4 SE AGE 4 SE FIER DEA AFTIMOR	(TIPE OKPKINI)	nnis F. Smydn, M.D	ADDRESS	11 Penn Street	
BP 336	BURIAL, CREMATION, REMOVAL 23 (SPECIFY)  SUN 13  FUNERAL DIRECTOR  NAME  NAME  1	10 -28 -82, Mt. (2)	Vary Conetery	123d LOCATION  TO ONTOWN  THE REC'D. BY REGISTRAR 1230 TEC	COUNTY STATE NO. A. SISTRAR'S AIGHT LURE
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offer	3. SE	x Female	4. RACE Black	5. DATE O		6. AGE (IN YEARS LAST BIR	MONTHS DAY	
149	7⊕ B Wa	PTHPLACE (STATE OR FOREIGN CO., Ga.	76. CITIZEN OF WHAT COUL	NTRY? 8 MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O	PR COUNTY OF DEATH	
Wed with	В	altimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Mary land	OURSING HOME OF STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST C	ION 12b. KIND	OF BUSINESS
a sould be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL		R TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 3700 GWYNN	Oak Ave.	
	13	ATHER'S NAME FIRST	MIDDLE Hawk	ST	15. MOTHER'S MAIDEN N.			LAST
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has been signed by the permit. Then please in prior to burial, crews only injury, or other	CERTIFICATION	PART 2 OTHER SIGNIFICANT		IG TO DEATH BUT				DINGS USED
Mentol Hygie Mentol Hygie or Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	144	
h ond W	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, (	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	7	STAT
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should be determined by the Stote		22d. PHYSICIAN'S NAME (TYPE  Karen Tren	OR PRINT)		22e ADDRESS	and General I		
16		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	10/25/82	23c. NAME OF C	emetery or crematory  m. Pk.	Balto., M	OUNTY COUNTY	STAT
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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

REG. NO.

20. DATE OF DEATH MONTH DAY

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1.	FOR - STATE REGISTRAR			DEF	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL FICATE OF DEATH		E 8 2	2	5 4	9 0
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be executed on and comps. Pages 1 or empty of the comps.		MAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARME			4-7528	Fred E. Bo	wser,	P.O. Box Accident		21520	
n. no requires that the death ce n. n. no seen signed by the attending permit. Then please remave corbine prior to busial, cremation, or twist any injury, at other traumatic.	CERTIFICATION	PART 2. OTHER SIGNIE	diote the last.	DUE TO, O	R AS A CON	SEQUENCE OF	PROGRAND  THOO RELATED TO THE  ON WAS PERFORMED	LLO E TERMINA	CYPL L	EU KE DITION GIV	MIA	o NGS USED
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PA TO HOS		BURIAL, CREMATION, RE (SPECIFY) Burial		23b. DATE Oct.23	,1982		CEMETERY OR CREMAT  ville Cemet	TORY	F MARY  23d. LOCATION CITY OF TOWN  Grantsvil	10 C	COUNTY	MA
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24	I. DE	STATE REGISTRAR CEASED NAME FIRST FOR PRINT; JOHN		MIDDLE	BOYD		REG. NO.	ONTH DAY YEAR O. 5. 82	26 HOUR 2.55
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v requires that the recension of the recension of the recension to burial, creming injury, or ather	ATION	part 2 Other significant conditions Contributing to Death but not related to the terminal disease or condition given in part 1 to CONGESTIVE HEART FAILURS  199. Date of operation  199. Condition for which operation was performed  200. Autopsy?  200. If yes, were findings used							
2 PEGO	CERTIFICATION	9-7-82-	INT	ESTINAL DE INJURY	085	TRUCTION		IN CERTIFYING CAUSE	
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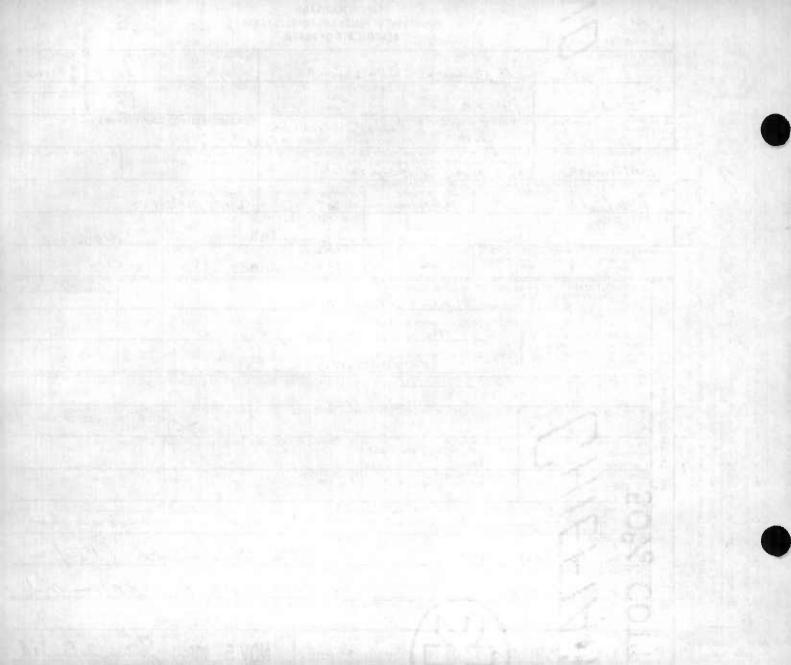
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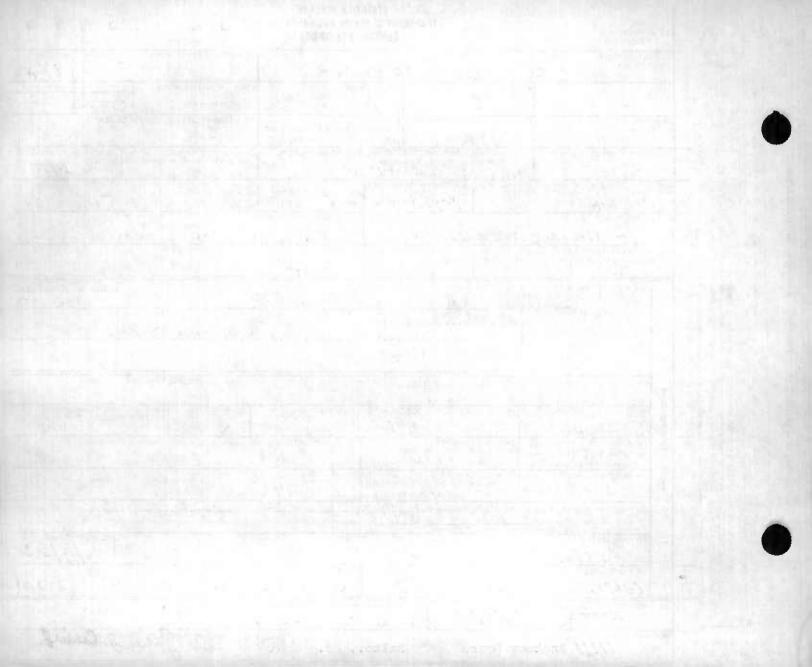
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	1,	FOR STATE		NT OF HEALTH AND MENTAL HY	GIENES 2 2	5 4 9 3
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moy , pog ter de	3 SI	X	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
4 tor		Wale	white	MONTH DAY YEAR 2	YRS	MONTHS DAYS HOURS
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d con		WAS DECEASED EVER IN U.S. AF			ADDRESS	
9 60	_			Mr. Clarence	e C. Bragunie:	PPROXIMATE INTERV. BETWEEN ONSET AND D
quires that the signed by the hen please re to burial, crer tilury, or other	N N	cause 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	OUE TO, OR AS A CONSEQUENT (c) CONDITIONS CONTRIBUTING TO DE.		minal disease or condition giv	/EN IN PART 1(a)
he low recon.  hos been t permit. T ene prior i aws ony in	CERTIFICATION	19a, DATE OF OPERATION	19b. CONDITION FOR WHICH OI	PERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH ES \( \text{NO}\)
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R ATTENDING PHY hospital ar otherd in Paperson are of the this hed for use as the by each of the period Health and weten 21 is morked or	W	22a I certify that (I) (this hasp sow the decease alive or above, (I) (we) (aid) (did no	n Det 2 ot) view the body ofter death. 19 &	DEGREE ATTENDING	death accurred on the date and hou	22c. DATE SIGNED

		FOR	DEPART		OF MARYLAND ALTH AND MENTAL HY	HENE Q 2 2	5 4 9 4
The second	1	STATE REGISTRAR	VII AK		CATE OF DEATH	REG. NO.	2 1 1 1
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Pog	3. SE		RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 F
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ithin 72 ho		RTHPLACE (STATE OR FOREIGN 7	L. CITIZEN OF WHAT COUNTRY	? 8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
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filed with	10. C	BAITIMORE	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET  () () MANYLULA	ET ADDRESS)	1	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS INDUSTRY
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12 sh	14. F	ATHER'S NAME	IDDLE LAST		15. MOTHER'S MAIDEN NA	MIDDLE	LAST
3000 and 2			Lee Farmer		kimbu la	ıh	Blailstord
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vi 0		No -			Dorothy Jo	nes 2419 Mais	
papers. F naval. ent, the n		18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	ane cause per line far (a), (b), a	ind (c1.)			BETWEEN ONSET AND DEA
emove event,		JAMEDIATE		ulman	4 ARROST		
9		7651	DUE TO, OR AS A CONSEQU	LIENCE OF	/		
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l, crem		underlying cause last.	DOE TO, OR AS A CONSECU	Sum AT	URITU		
y, or		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1(a
Ther injur	CERTIFICATION						
prior	CAT	196. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
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Mental Hygin Mental Hygin or Hem 18 sho	CER	216. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	B PART 1 OR PART 2)
riol-tr entol Hem	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
or h	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STAT
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olth and morked		22s.1 certify that (I) (this haspita	al) attended the deceased from	10-11	19	to 10-31-82	, 19, that (I) (we)
is Fig.		saw the deceased alive an	10-31-82 19			death accurred on the date and he	
hed for us lept. of He hem 21 is		above, (I) (we) (did) (did nat) 226. SIGNATURE	view the bady after death.		DEGREE		226. DATE SIGNED
detachi rote Dep AT: # No		A1 21C	1 1000		ATTENDING	MEDICAL STAFF	10/3//12
Z to de		22d. PHYSICIAN'S NAME (TYPE OR	in 1 MA		PHYSICIAN [	DIRECTOR PHYSICIAN	101/0-
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should be d with the Sto IMPORTAN		HKIN PAUL GER			7406 / Aak		1st /m /ha
w / 3	230	BURIAL, CREMATION, REMOVAL		NAME OF C	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STAT
		BURIAL	11/6/82	Mount	Auburn cem	Baltimore	COUNTY STAT
50M 4/82	24 P	UNERAL DIRECTOR			25a. DA	TE REC'D. BY REGISTRAR 256. RE	STRAR'S SIGNATURE
5, 4)	W	m.C.March F/H	Inc, 1101 E.	North	Avenue	IOV 5 1982	hungh lakel



		FOR			OF MARYLAND	arur O G	0 8 4 0 8
(M)	1-	STATE REGISTRAR	DE		EALTH AND MENTAL HY	REG. NO.	25445
(1945)		CEASED NAME FIRST	WIDDLE	l l	AST	20. DATE OF DEATH MONTH	10.11001
noy be	(ITPE	GIR	L B.	BRALL	-SFORD	10	-18-82 830 HM
E , 0	3 SE	· _	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Poge 4 director hours off		F	B	10			RS. 0 2 -
F 25 2		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL	JNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	P BALTIMORE CITY OR COL	JNTY OF DEATH MD.
offer of with the control of the con	10. CI	Ba Hz	11. NAME OF HOSPITAL, (IF NOT IN SUCH FABILITY, GIV	NURSING HOME ( VESTREET ADDRESS)  A CONTROL  OF THE STREET ADDRESS)	PR OTHER INSTITUTION	120. USUAL OCCUPATION ETYPE OF WORK FOR MOST OF WORK	ING LIFE) 12b. KIND OF BUSINESS OR
BALTIMORE, MARYLAND 2120 store be executed within 24 hours ysticion and completely filled in by opers. Pages and 2 should be fill val. it, the medical examines must be no	130 S	AL RESIDENCE (IF NURSING HOMEOR	OTHER INSTITUTION GIVE RESIDEN 13c. CITY C		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 2419 Maisel	Ct, Belto 21232
erthin athin 2 sh 2 sh	14. FA	THER'S NAME	MIDDLE I	AST	15. MOTHER'S MAIDEN NA		,
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MORE,		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRESS	
Poor Be es		NO			Chart		
, BAL) ficate   ficate   popers noval. ent, the		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	nly one couse per line for (a),	, (b), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., BA ertificat g physic on popo removal event, t			TE CAUSE (0) CAR	MORESPILA	TURY APRES	57	IMMEDIATE.
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PRESTON he deoth come of the motion, or recommending or recommendation.		Conditions, if ony, which gove rise to immediate	(b) Pres	MATURIT	Y, HYALINE	HEMBRANE D	ISEM46
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201 ved by pleasing, or of			( (c)				
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	1 GIVEN IN PART 110
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r otherding physicion. Wher this certificate hos been sig os the buriol-tronsit permit. Then th and Mental Hygiere prior to b arked or them 18 shows any injur	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. 1	IF YES, WERE FINDINGS USED
hos the permission of the property of the prop	FE	Nous		11/4			ERTIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
SION OF VITAL R PHYSICIAN: The I ending physicion. this certificate hos the buriol-transit pe and Mentol Hyguene d or frem 18 shows	CERT	21g. ACCIDENT WAS UNDERLYING		11/1	21c. HOW INJURY OCCU	RED (ENTER NATURE OF INJURY IN ITE	
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G PH otten	ž	WHILE AT WORK AT WORK	A TAT HOME, STREET, FACTORY	OFFICE, FARM, ETC.)	N/A	-	3,412
VDIN or ose o eolth		22a.l certify that (I) (this hospi	tal) attended the deceased	from 10/17	. 19 52	, to 10/13	, 19 8 , that (I) (we) lost
Pritol Pr		sow the deceased alive on above, (1) (we) (did) (did) no	t) view the Wody ofter death	19 87,01	nd that in (my) (our) opinion	death occurred on the date and	d hour and from the couses stated
A HOS hos ched	1	77% SIGNATURE	00 15		DEGREE		22c. DATE SIGNED
AL D AL D CAL D Ote D ote D		Galle C	Leen ?	1,		MEDICAL STAFF DIRECTOR PHYSICIAN	10/18/8
HOSPIT pined by FUNER pold be of		THE PHYSICIAN'S NAME (1996)	SR PRENT)		22e ADDRESS	0.	
TO HOSPITAL OR A retouned by the hos TO FUNERAL DIREC should be detoched with the Stote Dept.		CHAMES E.	Let 1	MID.		SPITAL BALT	0 MD. 21201
56 1 4 7 2 4		BURIAL, CREMATION, REMOVAL	10/27/82	23E NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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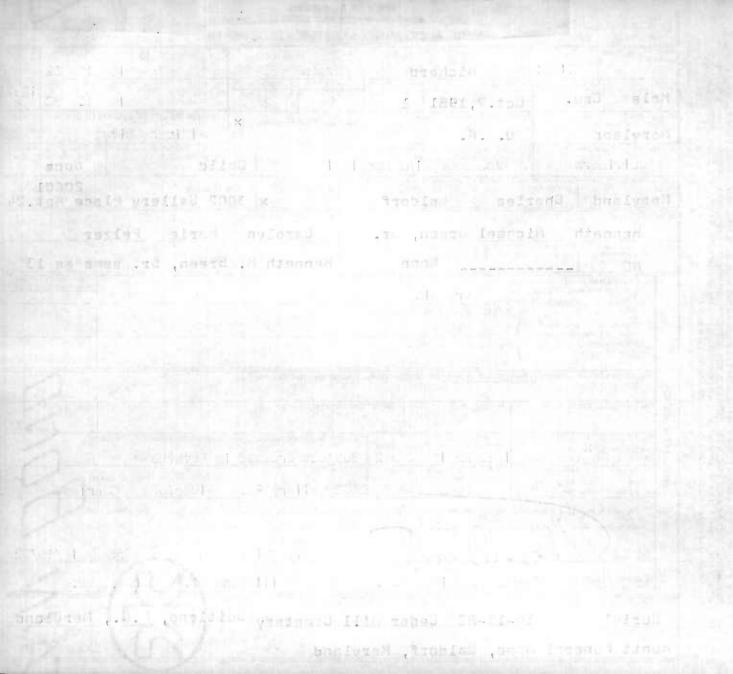
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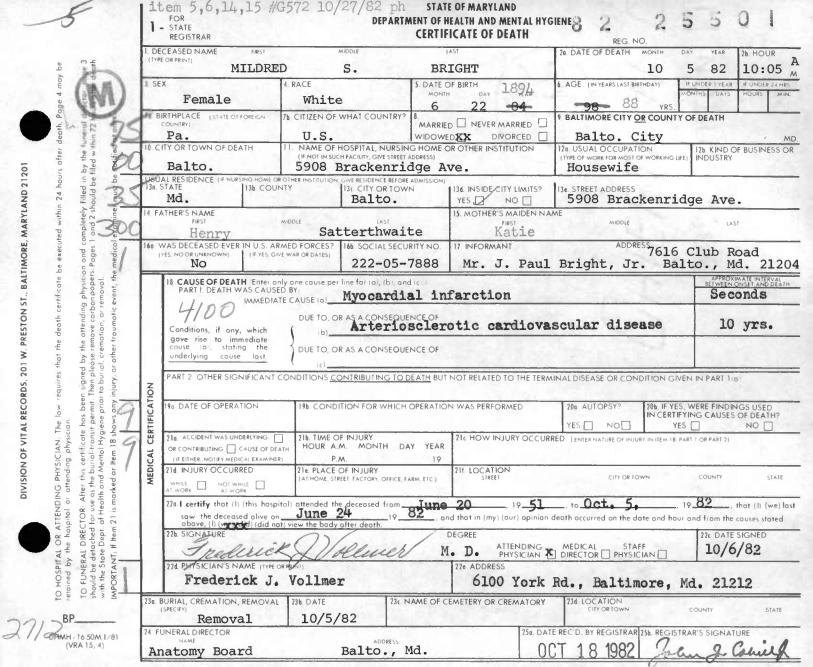
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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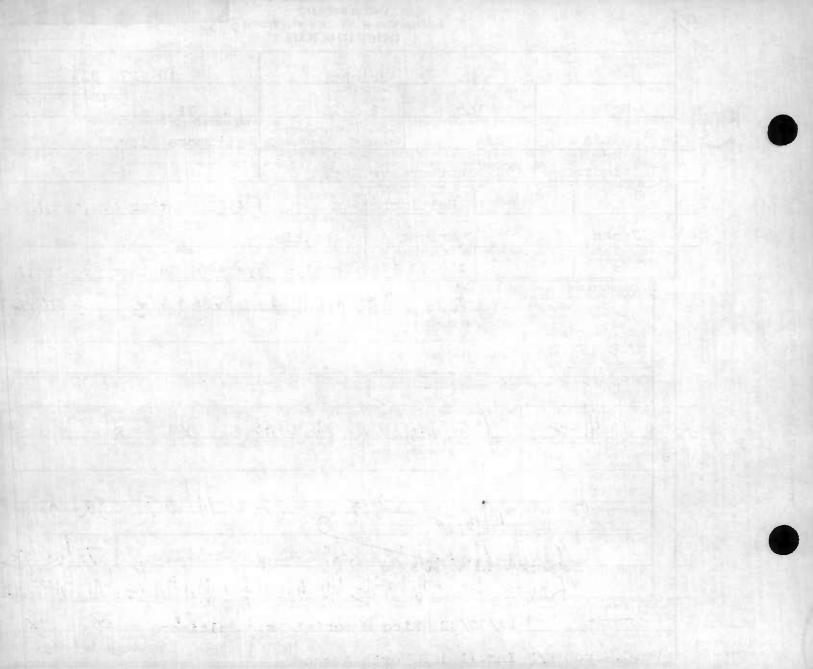
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^		STATE REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICATE C	OF DEA	TH* ,	REG. NO.	0		*
		EASED NAME OR PRINTS	E FIRST		WIDDIE		LAST	[8	28. DATE KNO	WN NW	ONTH DA	YEAR	2h HOUR
0: -	[146	CR PRINT)	Tim	othy R	ichard		Breen		OF ES	11-	10 1	219 82	_ M
100	SEX		4. RACE	S. DATE OF BIRTH	6. AGE (IN	YEARS IF UI	NDER 1 YR. IF UNDER	24 HRS.	2c. DATE		ONTH DA		12:28
W.	M	ale	Cau.	Oct.7,	1981 LAST BIRTH	YRS.	THS DAYS HOURS	MIN.	PRONOUNCED DE AD		10 1	2 19 82	12:28 DM
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	100	Y OR TOWN		11. NAME OF HOS	SPITAL, NURSING HO	WE, OR OTI	HER INSTITUTION	I2a. USU	AL OCCUPATION	ON (TYPE OF	WORK 112b.	KIND OF BI	JSINESS
3		Balti	more	Johns	CILITY GIVE STREET ADDRESS HOPKINS H	dospit	ta l	Ch	OST OF WORKING	LIFE)		OR INDUST	RY
			(IF IN NURSING HE	ME OR OTHER INSTITUTION, GI	IVE RESIDENCE BEFORE ADMIS	SSION)						2060	
5		rate		narles	Ualdorf		13d. INSIDE CITY LIMITS?		D2 Gal	lerv	Plan	ce Ar	+ 24
	-	THER'S NAM					IS. MOTHER'S MAID			263 9	1 2 01		10067
		Kenr	neth	Michael	Breen, Si		Carol	VP.	Marie	D.	elzei	LAST	
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		18. CAUSE C	OF DEATH (Enter	only one cause per line	for (a), (b), and (c),)							APPROXIMAT	
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RIAL, CREMATION, OR REMOVAL.			ins, if ony, wh										
5			ise to immedi ) stating the unc		AS A CONSEQUENCE	F OF							
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>		UNDERLYING	G OR	110 00	$\times$ 10 8 $_{19}8$	AR	ubject drow						
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	AE	WHILE	NOT WHILE	K .	TORY, FARM, ETC.)		STREET	D-4	CITY OR TOWN		COUNTY		STATE
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13	7	22s. 1 cert	rly that 10ok ch	arge of the remains de	scribed above, lyft on	Autor	psyinspectio	an X	Inquiry	, ond in	my apinia	n	
6	2	death resul	Alrom: PN	grunal couses 4	Acoloni K	Suicide	, Homicide	Undete	ermined monne	r .			
		L CTUAL	10	(/)	4 (1)		TITLE (SPECIFY)						
		ACTUAL SIGNATURE	10	Wheek	mil	^	Deputy Ch	ie fredi	CAL EXAMINE	R	DATE SIGNED	10/1	3/82
~	-	EV A MINIED/S	NIAME	TI	0 111						-		
X		EXAMINER'S (TYPE OR PR	INT)	Thomas D.	Smith, M.D	).	ADDRESS	I Pen	in St.	Balt	0., N	10.	
	23a.B	JRIAL, CREMA	ATION, REMOVA	AL 236 DATE	23c. NAME OF C	EMETERY	OR CREMATORY	CITYO	CATION		COUNTY	5	TATE
		Juria:	1	10-15-8	2 Cedar	H111	Cemeter	v Su	itland		G., 1	Maryl	and
	24. FI	JNERAL DIRE	CTOR	4000555			25e. DATE	REC'D. BY	REGISTRAR 2	REGISTR	AR'S SIGN	ATURE	
)	H	intt f	unera	1 Home W		darul	and UU	119	1982	ge au	in Co	shell 6	7



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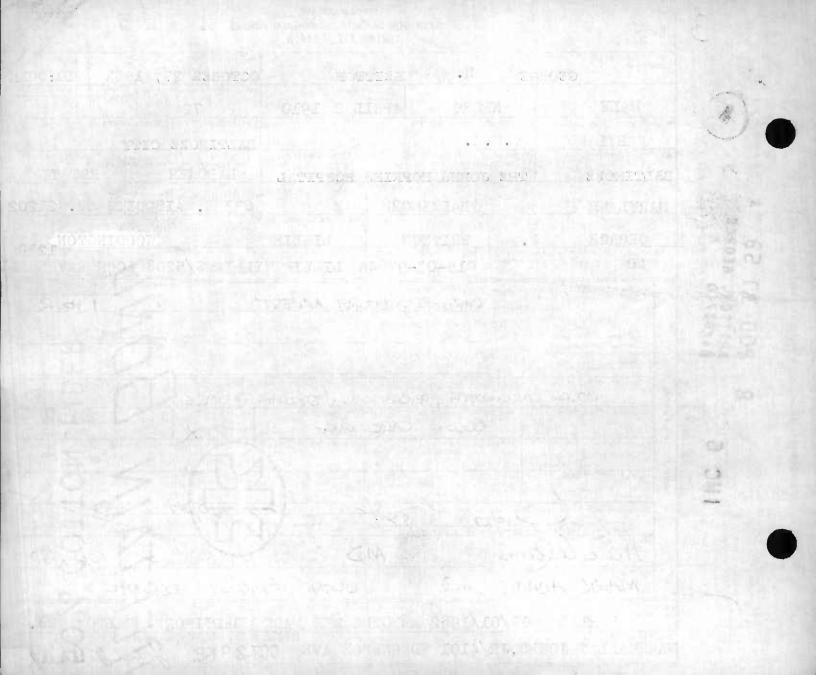
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	141	FOR STATE		OF HEALTH AND MENTAL HYO RTIFICATE OF DEATH	SIENE 8 2	2 5 5 0 3
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N	40 00			ONTH DAY YEAR		MONTHS DAYS HOURS MIN.
-0	3 5	Male 70. BIRTHPLACE (STATE OR FOREIGN	White Ma	rch 11, 1914	68 YRS.	TV OF BEATU
	22 20 P	COUNTRY)	MA	RRIEDAN NEVER MARRIED	9. BALTIMORE CITY OR COUNT	TOPUEATH
	degriti	Maryland  10. CITY OF TOWN OF DEATH	USA   WID	OWED DIVORCED	BALTIMORE CI	126. KIND OF BUSINESS OR
	意思多		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS	i)	(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
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	P W CO	Noah Jam		Daisey	ADDRESS	Henderson
ORE	oges oges		GIVE WAR OR DATES)		Sc	ame as #13
WILL	9 50	No	214-10-827	5 Mrss Mary I	E. Brittingham	
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Q	oth ce corb n, or r natic	7/2	DUE TO, OR AS A CONSEQUENCE O			1 10000011
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DIVISION OF VITAL RECORDS, 201		PART 2. OTHER SIGNIFICAN	(c)IT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1(a
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9	Por p	OR CONTRIBUTING CAUSE OF	DEATH	19	4	
ON O	HYS of Mer of Mer	(IF EITHER, NOTIFY MEDICAL EXAM)  216. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION	CITY OR TOWN	COUNTY STATE
NS N	NG the state of th	WHILE NOT WHILE AT WORK	TALL HOME, STREET, FACTORY, OFFICE, FARM, EN			
٥	A Paris		spital) attended the deceased fram	9/29 19 8	, 10	, 19 Z, that (I) (we) last
	1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	saw the deceased alive abave, (I) wer (did) (did	on 10/12 19 82 nat) view the body after death.	, and that in (my) (our opinian	death accurred an the date and ho	our and fram the causes stated
	OR AT the hasp DIRECT ached for Dept. of if them 2	276. SIGNATURE	11 /	DEGREE		22c. DATE SIGNED
	Al O the Odetacl detacl ate De	K	A Cange	MD ATTENDING	MEDICAL STAFF	10/12/82
	SPIT d by be obe	224 PHYSICIAN'S NAME (TY		220 ADDRESS		
	TO HOSPITAL ( retained by the retained by the should be deta with the State ( IMPORTANT: If	RI	4 CANGE MO	Johns He	pkens 1505p	, Balto, Md.
	5 € 5 € § ₹	23a. BURIAL, CREMATION, REMOV	AL 236. DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION	Tittemity Marrisland
	BP	Burial	10/16/82 Spring	hill Memory Gar	dens Salisbury,	MIG., Mary Tand
	DHMH - 16 50M 4/82	24. FUNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256. RETGI	
1_	(VRA 15, 4)	HOLLOWAY FUNERA	L HOME, Salisbury, M	aryland 00	ST 1 5 1982 /0-	and while

AULU 15 BENROO

3	FOR 1 - STATE REGISTRAR	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	25504
	1. DECEASED NAME FIRST		LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
1	GEO	RGE H.	BRITTON	OCTOBER 2	7, 1982 10:00AM
CONTRACT OF THE PARTY OF THE PA	1 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	
Ja	MALE	NEGRO	APRIL 2 1910	72	MONTHS DAYS HOURS MIN,
	II. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED   NEVER MARRIED	9 BALTIMORE CITY OF	
1 TES	MARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE	CTTV MD
一 一	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	ON 126. KIND OF BUSINESS OR
5 333	BALTIMORE		HOPKINS HOSPITAL	LABOREI	
22	USUAL RESIDENCE (IF NURS 130 STATE	E OR OTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)		
or * 11 BSS	MARYLAND	BALTI		633 N. A	ISQUITH ST. 21202
	14. FATHER'S NAME		15. MOTHER'S MAIDEN N	AME	
- 2 = 300	GEORGE	W. BRITT	ON LILLIE	MIDDLE	WHITTINGTON
H 10 5	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDRE	SS 21239
BALTIMORE	(YES NOR UNKNOWN) (IF YES	GIVE WAR OR DATES) 215-0	3-9784A LILLIE V	VILLIAMS/5	208 LOCH RAVEN BL
requires that the death cert.	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  T CONDITIONS CONTRIBUTING  CARCINOMA T	OUENCE OF  TO DEATH BUT NOT RELATED TO THE TERM  ERIPHERAL VASCULAR		DITION GIVEN IN PART 1(a)
At RECC	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WE	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
NG PHYSICIAN: The low requirantents of the burdon of the b	PT 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	DEATH HOUR A.M. MONTH	19 211. LOCATION	RRED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I ORPART 2)
O HOSPITAL OR ATTENDING etained by the haspital or a for Everal DIRECTOR, after should be detached for use as with the State Dept. of Health AMPORTANT: If them 21 is mark	220 I certify that III the had sow the the document of the color and the state of the color and the state of the color and the state of the color and the co	not) view the body ofter death.  Programming  DAMS  M.D.	027	MEDICAL STAF	te and hour and from the causes stated  22c. DATE SIGNED  FIAN PIECE SIGNED  SSPITAL
5 € 5 € 3 ₹	230 BURIAL, CREMATION, REMOV	/AL 23b DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	
050BP	(SPECIFY) BURIAL	11/01/1982	ARBUTUS MEM PARI	K BALTIMO	RE BALTO Md.
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR MARSHALL W JO		250 DA		25b. RESTRANS SIGNATURE



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STATE OF MARYLAN
DEDADTMENT OF HEALTH AND ME

OF HEALTH AND MENTAL HYGIENE

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					REG. NO	1.			
	PE OR PRINT	MIDDLE	1	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
1	HRTHU	IR	BROC	KS	OCTOBER	2	1982	3:30	T
3. SI	EX	4 RACE		FBIRTH	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR	
1	MALE	NEGRO	JAN	1 2 1905	77	YRS.	MONTHS: DAYS	HOURS MIN	i.
7a. E	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OF	COUNT	Y OF DEATH	P / 38 N/	
AN	MARYLAND	U.S.A.	WIDOWE	100.004	755 A 755 HES 1955 HE SELL AND	RE C	CITY	٨	۸D
710 C	CITY OR TOWN OF DEATH		TAL, NURSING HOME O	R OTHER INSTITUTION	12g USUAL OCCUPATION			OF BUSINESS O	R
_	BALTIMORE	UNION	MEMORIAL	HOSPITAL	LANDSCAPE				
130.	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COL	INTY 13c. C	ITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
-	ARYLAND	ŀ	BALTIMORE	YES X NO	5116 CRA	IG A	AENUE	21212	-
TIL F	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN N.	AME		LAS	ST	
G	EORGE	BF	ROOKS	LUCY		I	POTTER		
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SO	OCIAL SECURITY NO.	17_INFORMANT	ADDRE	S			
	NO		2-16-3621	MRS. LINC	OLN STEWAR	中/5	116 CR	ATC AT	17
CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION	(c)CONTRIB	CONSEQUENCE OF	ultiple MI		20b. IF YE	S, WERE FINDIN	NGS USED	
] Ħ					YES NO	IN CERTI	FYING CAUSES	OF DEATH?	
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ALIO .	RY NONTH DAY YEAR 19	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	IN ITEM 18.	PART ) OR PART 2)		
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	22a.1 certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did a 22b. SIGNATURE	n		PEGREE	, to, to	te and hou	ur and from the	causes stated	ost
	Lama	l Edyal-1	Jotha	MASS PHYSICIAN	MEDICAL STAF		10/2	2/82	
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS					
23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CI	METERY OR CREMATORY	23d. LOCATION				F

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

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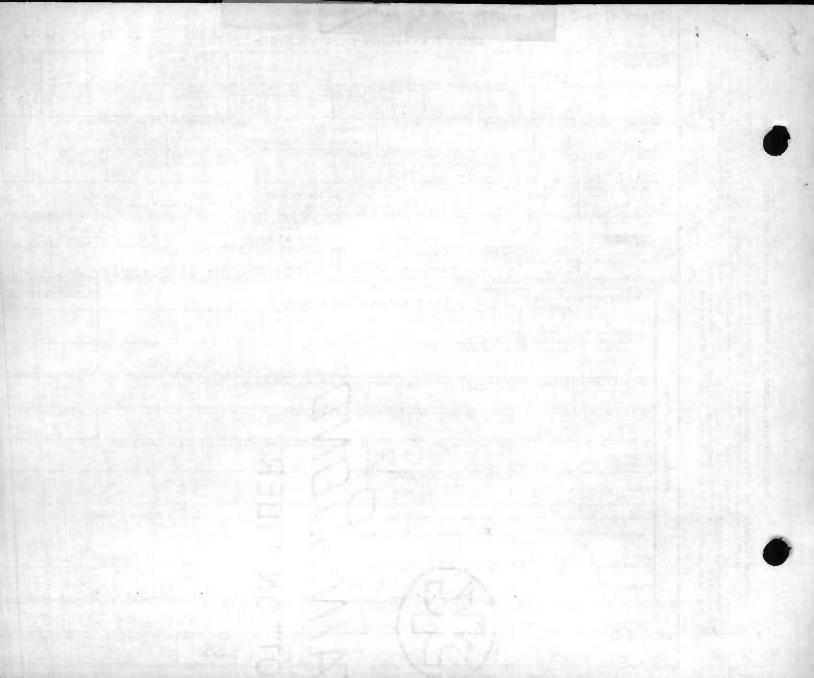
BALTIMORE

BURIAL 10/07/1982 ARBUTUS N
124 FUNERAL DIRECTOR
MARSHALL W JONES, JR/4101 EDMONDSON AVE

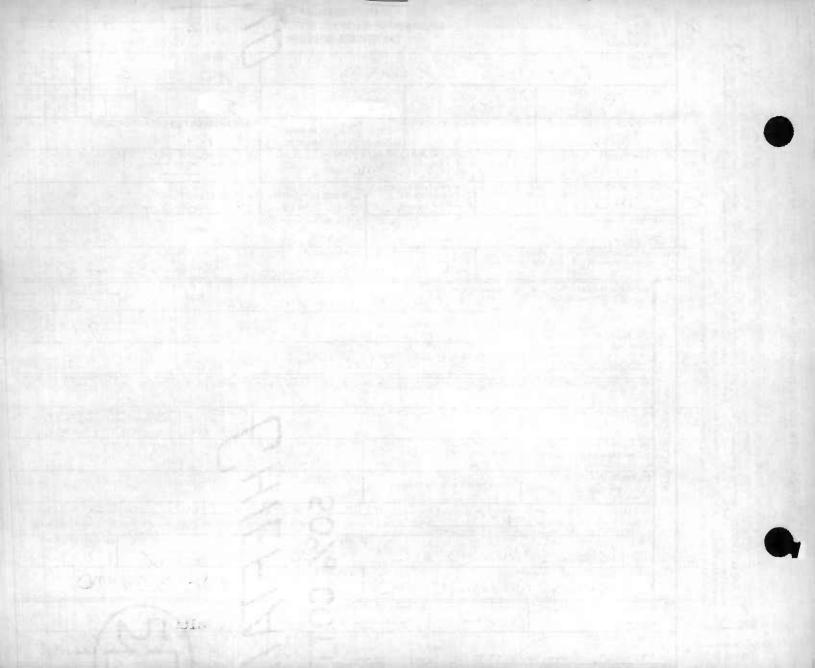
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4-5	- 1	REGISTRAR		N		XAMINER	'S CERTIFI	CATE OF DE	ATH REC	. NO.		
	- 1	1. DECEASED NA (TYPE OR PRINT)	-		MIDDLE		LAST		20 DATE KNOWN	HINOW A		26 HOUR
2848	W -K		KEITH	EN			BROOKS		OF ESTI-	□ 10	14 19 82	M
acte.	V MAG	3. SEX	4. RACE	5 DATE OF BIR	TH 6.		IF UNDER 1 YR.	IF UNDER 24 HR	S. 2c. DATE PRONOUNCED	MONTH	DAY YEAR	IZU ITOOK
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是 经		70. BIRTHPLACE	(STATE OR	76. CITIZEN OF	WHAT COUNTR	RY? 8.	ARRIED TO NE	VER MARRIED	9. BALTIMORE CI	TY OR COUN	TY OF DEATH	
音を表	10	N. Car		US	A		DOWED [	DIVORCED [	_	re City	<b>y</b>	MD.
일부생되	111	10. CITY OR TOW	'N OF DEATH	11. NAME OF H	OSPITAL, NURS	ING HOME, OF	OTHER INSTITU		ISUAL OCCUPATION OR MOST OF WORKING LIFE	(TYPE OF WORK	126 KIND OF BI	USINESS
A SEA	14	Baltin	more	Luther	an Hosp	ital			SK MOST OF WORKING LIFE		0.000	K I
201 201 201 201 201 201 201 201 201 201	000		CE (IF IN NURSING HOME C		GIVE RESIDENCE BE		had theine o	CITY LIMITS? 13e. S	TOPET ADDRESS			
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E, MD. 2 ATH  F / SST, 2, A PMC3   PM	2 A	14. FATHER'S NA	ME	WIDDIE			15. MOTH	ER'S MAIDEN NA/			LAST	
EAT PA	2500	Jame	es	A.	Bre	ooks		estine	F.	S	aterfie	eld
MO PAG	2 /	160. WAS DECEA	SED EVER IN U.S. ARA	MED FORCES?		L SECURITY NO			ADD			-
BALTIMORE, M RS AFTER DEATH GIVE PAGEST, VITH FORM PM	ISIO	No.	(IF YES, GIVE	WAR OR DATES)	217-	62-098	9 Luc	ila Bro	oks 61 S	.Morl	ev St.	
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. SCERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RITHING THE WORD "FENDING" IN PENCIL IN 1TEM 18 GIVE PAGES TO 25 SHOULD BE USED AS A BURRAL TRANSITE PERMIT FORM PMC 37 STANDLUD BE WITH TARANSITE PAGES 1 AND 25 WITH TARANSITE PAG	HEATH AND MENTAL HYGIENE, DIVISION AL, CREMATION, OR REMOVAL.	18 CAUSE	OF DEATH (Enter an	ly ane couse per			1		3.10 01 0	V	APPROXIMAT BETWEEN ONSI	E INTERVAL
STON ST., I N 24 HOUR IN ITEM 18. ALONG WI	L NE	PARTI	DEATH WAS CAUSE	D BY: TE CAUSE (a)			Narcoti	ism			BETWEEN ONS	I AND BEATH
124 ALONA		130	49		OR AS A CONS	OUENCE OF			E LECTO			
THIN IN I	EA F		rise to immediate	(b)								
W. MING	88	couse	(o) stating the under-	< ,	OR AS A CONSE	OUENCE OF						-
201 W. PRE UTED WITHI IN PENCIL EXAMINER SIAL - TRAIL	Ž Ž	lying	ouse lost.	(c)								
SE SECTION OF SECTION	A A	PART 2 OTHE	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DE	TH RUT NOT RELATED	TO THE TERMINAL	DISEASE OR CONDITIO	ON GIVEN IN PART 1 (a)	<del></del>			
RECORDS  D BE EXEC  ENDING  MEDICAL  AS A B UI  A S A S A B UI	E KEY	N N										
A COL	21201 PRIOR TO BURIAL, CO	CERTIFICATION OF THE CATION OF	OF OPERATION	196 CON	DITION FOR WI	HICH OPERATION	N WAS PERFOR	RMED?			20. AUTOPSY	(?
TA NORTH TA	p ₹ /	E									YES 🔀	NO 🗆
OF V	O O	21a. EXTER	NAL CAUSE WAS		OF INJURY		Ic HOW INJURY	OCCURRED (ENT	ER NATURE OF INJURY IN ITE	M 18 PART I OR PA		
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DIN THIS C WARDI	21201	WHILE AT WORK	NOT WHILE C	STREET, I	ACTORY, FARM, ETC.		STREET		CITY OR TOWN	CC	YTAUC	STATE
RW. V	STA (2, 2)			(.)	1 0 6 1		utopsy X.					
A S S S	E A		rtify that I taok chorg	P		_		Inspection	Inquiry L.J.	and in my a	pinian	
AAM REGEREC	RYH RYH	death res	ulted fram: Notur	al causes 🔼,	Accident L	, Suicide			letermined monner			
	, §	ACTUAL	- /XMA/	1/20	M			SPECIFY)	EDICAL EXAMINER	DATE	FD 10-15	5-82
<b>2</b> H K <b>2</b> H	\$ 75 T	SIGNATUR		1/	1		M.D. <u></u>	131alli M	EDICALEXAMINER	SIGN	ED	, 02
WED TO THE	TIME	EXAMINER (TYPE OR F	S NAME Ann	M. Dix	on. M.D.		ADDRESS_	111 Peni	n St., Bal	to M	d. 21201	
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIL PAGE 4 SHOULD BE FORWARDER TO FUNKERAL DIRECTOR, PAGE 3	BAFT BAFT	23a BURIAL, CREA	MATION, REMOVAL 2			ME OF CEMETI	RY OR CREMATO		LOCATION			
1037 BR31	2	(SPECIFY) BURI		10/19/			11 Cem	C	Anne Ar	undel	CO Mo	ď.
000	-	24. FUNERAL DIR	ECTOR			uar Hl	II Cem	250. DATE REC'D.	BY REGISTRAR 711			4
DHMH - (VR A15 ME		Wm - C	March 1	F/H 110	1 E/ N	orth i	vene	OCT 1 8	3 1982	and	- consum	10
20M 4/8	82	1110 . C										



28	1.	FOR STATE REGISTRAR			DEPARTM	ENT OF HE	ALTH AND MENTAL HYG ATE OF DEATH	IENE 8 2	2 5	5 5	0 8
21		CEASED NAME OR PRINT)	HAR	lle mido	-	2000		20. DATE OF DEATH	NOM HTMOM	YEAR 21	230g
Poge 4 mo	3. SE	m		L RACE		5. DATE OF	BIRTH DAY SEAR JOSEPH SEAR SEAR DAY SEAR SEAR SEAR SEAR SEAR SEAR SEAR SEAR	6. AGE (IN YEARS LAST BI	YRS	DAYS H	FUNDER 24 HRS. HOURS MIN.
death. Page uneral direct hin 72 hours		RTHPLACE (STATEORF		B. CITIZEN OF WH	+	WIDOWED		9 BALTIMORE CITY	TY		MD.
201 urs ofter by the f filed wit	E	SALTIMO	e	(IF NOT IN SUCH FA	CILITY, GIVE STREET A	DORESS) M	OTHER INSTITUTION  OF AUSP	12a USUAL OCCUPAT {TYPE OF WORK FOR MOST		KIND OF E	BUSINESS OR
AND 212 in 24 hou in 24 hou should be	130. 3	(ND)	NG HOME OF C	TY 13c	E RESIDENCE BEFORE : CITY OR TOWN	e l'	34. INSIDE CITY LIMITS? YES NO []	13e. STREET ADDRESS 12 N. Schi	roder Str	eet	
onpletel	J	Ohnny		HDDLE	Brown		5. MOTHER'S MAIDEN NAI FIRST Sallie	WIDDLE	S	winte	r
ALTIMORE te be execution and colors. Pages J. the medical		vas deceased ever yes, no or unknown) No		MED FORCES? 166	SOCIAL SECUR	4448	7. INFORMANT Clizabeth Bro	addr wn 2600 I	Round Rd	-	1 TE INTERVAL SET AND DEATH
RDS, 201 W. PRESTON ST., BAL equires that the death certificate in signed by the attending physici. Then please remove carbonpoper to burial, cremotian, or removal, injury, or other traumatic event, th	NOI	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which ediate the last.	DUE TO, OR AS	CONSEQUE MAPO S A CONSEQUE	ped Heen NCE ON	mencey of well hypo Koorn OT RELATED TO THE TERM	Sevon		8 h	
TAL RECORDS, The low required in the low required in the low required in the low required in the low reaches	CERTIFICATION	190. DATE OF OPERAT	ION	19b. CONDITIO	N FOR WHICH (	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	S USED F DEATH? NO
JISION OF VI The Arrive of Arrive of the buriol-tran and Mennal Hy	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WORK	AUSE OF DEAT AL EXAMINER) ED	P.M. 21e. PLACE OF	MONTH DA	Y YEAR	216. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU		PART 2)	STATE
OR ATTENDI he hospitol or DIRECTOR: A coched for use to Dept. of Heol		220.1 certify that (1) saw the decease above, (1) (we) (d 22b. SIGNATURE	d alive on_	view the body offer	er death.		that in (my) (our) opinion GREE ATTENDING PHYSICIAN	death occurred on the o	date and hour and f	rom the cou	
O HOSPITAL TO FUNERAL should be deter with the Store		22d PHYSICIAN'S NA		B. W	nls r	0	220. ADDRESS 22 S G	wone St		MO	
180 ZBP	В	surial, cremation, p specify) urial	REMOVAL	23b. DATE 10/16/82			METERY OR CREMATORY W Mem Park		imore coun	1	Md state
DHMH - 16 50M 4/82 (VRA 15, 4)		INERAL DIRECTOR NAME  11 iam C. M.	arch_I	E/H 1101	ADDRESS E. Nort	h Aven	IOCT	e rec'd. by registrar 15 1982	PEGISTRAR'S	L Can	ing

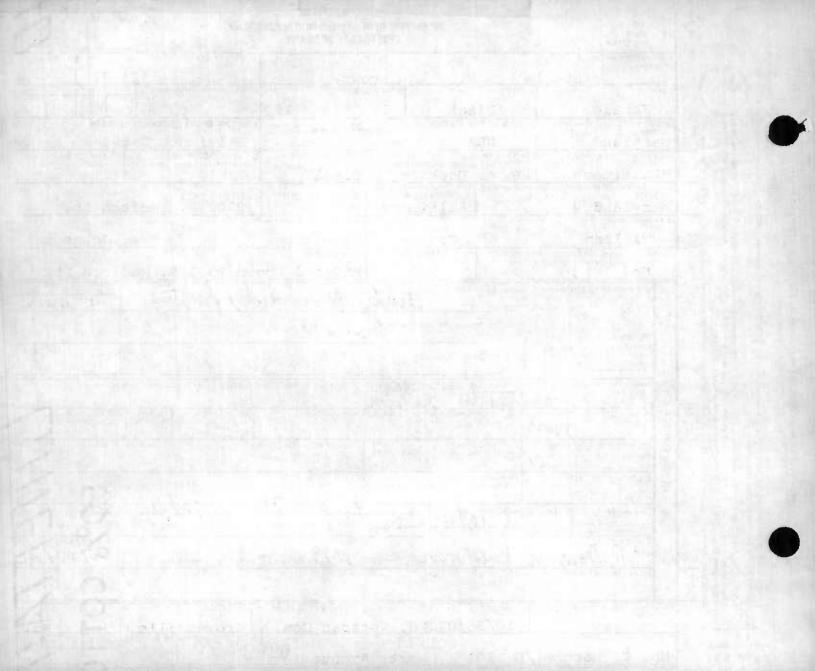


21	/	FOR	Denas	STATE OF MARYLAND	Votenie O O	255	0 9
6	1-	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO	<b> </b>	•
mer.		EASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR 2	h HOUR
63		Charles		Brown		10 02 82	1:12p
I/W)	3. SE)	MD(a	Black	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS H	FUNDER 24 HRS HOURS MIN.
50 100	7a. BII	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	10 - 23 - 06 Y? 1	9. BALTIMORE CITY OF	YRS. COUNTY OF DEATH	
n 72 I	FI	OVENCE S.C.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimor		MD.
2 4 A		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR:	SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF E	
	SF	HIMOVE	Johns Hopkir	s Hospital	Construction	Work	
35	13a. S	TATE 13b. COUR	(4D) . L/	OWN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS DUN	nul Ral	
		THE S NAME	PAITIN	15. MOTHER'S MAIDEN N	NAME	THE INTE	
學是	3	LOYGE	Brown	Martha	WIDDLE	Wentherlex	-b
P		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRE	- " / / /	- 1
200		NO	217-03	2430 Antoinette	Drown 361	3 SINCHIF L	MKE
Buo-E		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), ED BY:	and (ci.)		BETWEEN ON	SET AND DEATH
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, cremotion, other troum		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC		AN) #	468	
or oth		underlying couse lost.	(c)				
2	z			O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONE	TITION GIVEN IN PART 110	GH R
ony ini	4110	Chronic 190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING	SLISED
shows	CERTIFICATION	The DATE OF OFERMION			YES NOT	IN CERTIFYING CAUSES O	F DEATH?
18 shows	CERT	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCC	URRED (EN ER NATURE OF INJUR		
prof. d	-	OR CONTRIBUTING CAUSE OF DE.		DAY YEAR			
or Hem	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
morked	5	AT WORK NOT WHILE AT WORK					
.s		22a. I certify that (It (this hosp	ital) attended the deceased from	n 10/01/82 19			at (D)(we) last
m 21			n O 3 19 ot: view the body ofter death.	DEGREE	on death accurred on the do	te and hour and from the ca	
LT: If Hem		226. SIGNATURE	nda m	( ATTENDING	MEDICAL STAF	FV I.la	2/82
Z		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	PHYSICIAN  220. ADDRESS	DIRECTOR PHYSIC		SHASA
with the State [		ESSIE :	J WOODS	Baltime		21205	- (00)
Ĭ.	23a E	URIAL, CREMATION, REMOVAL	L 23b. DATE 2:	IL NAME OF CEMETERY OR CREMATOR			. A
_	E	DY A I	10-8-82 (	Edar Hill Cemetary	BAHTIM		land
4/82	M FU	NERAL DIRECTOR	C APORES	2/a. C	DATE REC'D. BY REGISTRAR	REGISTRAR'S GIGNALIA	ielly
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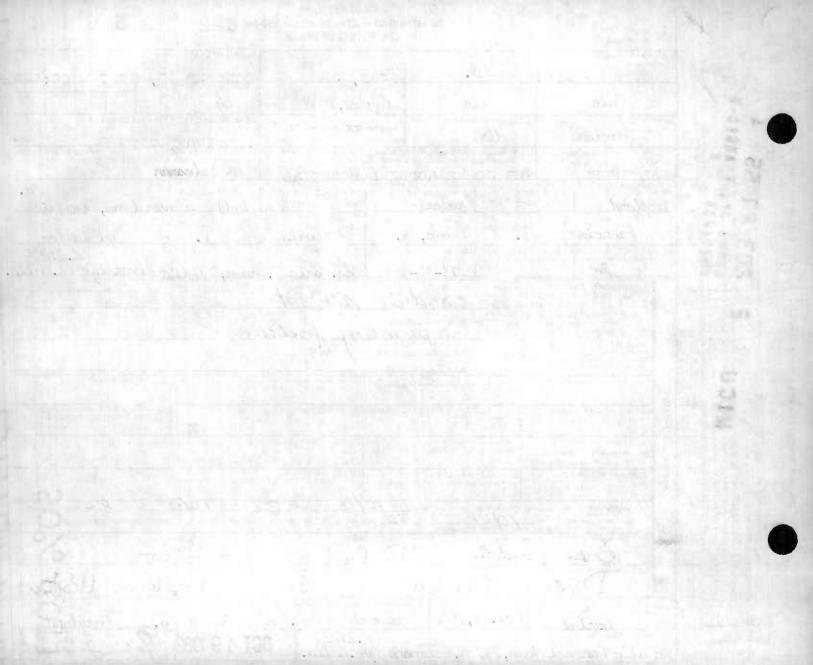
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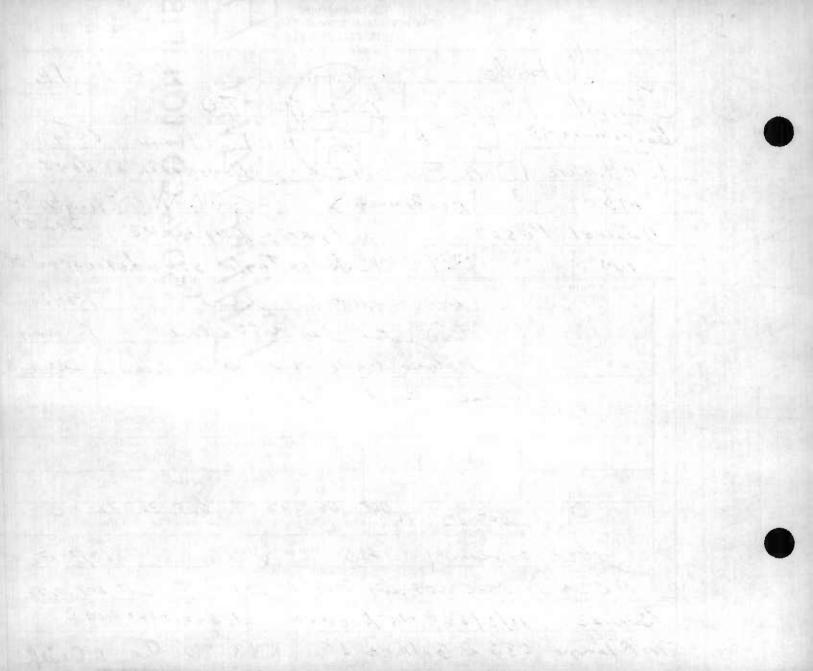
(VRA 15, 4)



je	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 2	5 5 1 2
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
		FRANCT		BROWN, JR	OCTOBER 17.	1982 08:064
	3. SE	Male	White	5. DATE OF BIRTH  May 22, 1938  YEAR	6 AGE (IN YEARS LAST BIRTHDAY)  444  YRS.	MONTHS DAYS HOURS MIN.
No. of S		RTHPLACE (STATE OR FOREIGN COUNTRY) aruland	76. CITIZEN OF WHAT COUNTRY	8. MARRIED CENEVER MARRIED	9 BALTIMORE CITY OR COUNT	
# 27 -			11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE THE JOHNS HOP		IZO. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING  an Saleman	12b. KIND OF BUSINESS OR
100	13e. S	AL RESIDENCE (IF NURSING HOME OR STATE IS COUNTY		RE ADMISSION) VN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1533A Andoven	Md.
9200		ATHER'S NAME	S. Brown,	15. MOTHER'S MAIDEN NA	والمتعادل والمتع	NelGiudice
2		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (1F YES, GIVE	MED FORCES? 16b. SOCIAL SEC	8836 Man Dagia V	Bacum 730 Old Ri	Md.21225 verside Rd.Balto
for the servence corbite to burial, cremation, ar njury, or other traumotic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOL  (b)  DUE TO, OR AS A CONSEOL  (c)  ONDITIONS CONTRIBUTING TO	salon faile	MINAL DISEASE OR CONDITION G	IVEN IN PART I (a
ene pro	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO
burial-tronsit Mental Hygie or Hem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA'  (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH D	PAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	3 PART T OR PART 2)
ofth and Me marked or H	MEDICAL	21d. INJURY OCCURRED  WHILE   NOT WHILE   AT WORK   AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211. LOCATION	CITY OR TOWN	COUNTY STATE
of Health			ol) ottended the deceosed from	70/16, 19 8	2, to 0/17 I death occurred an the date and ha	our and fram the causes stated
AL DIRECTOR, detoched for u ote Dept. of He II. If them 21 is		22b. SIGNATURE	andoll 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22t. DATE SIGNED
should be deto with the Stote I	56 July 56 Jul	22d. PHYSICIAN'S NAME (TYPE OF	Pardoll	220 ADDRESS JOLA	ins Hopki	ns Hepltai
<u> </u>		BURIAL, CREMATION/ REMOVAL	0	NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Pan	23d LOCATION SITY OR TOWN Howard Co.	COUNTY STATE
16 50M 4/B2	24 F	UNERAL DIRECTOR	ADDRESS	Md. 21225 250. D7	PEC'D BY BEGISTRAR 756. RE	TRAR'S SIGNATURE
15, 4)	Mc	Cully Funeral H	ome. 237 E. Patar	oco Ave. Balto.	TO DOLL TO	my wanty

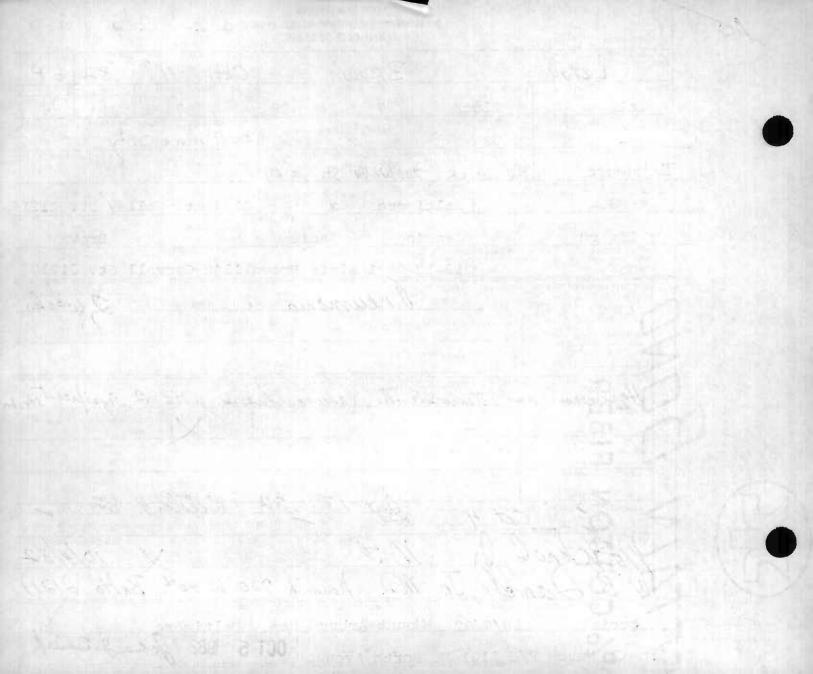


7	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 5 5 3 3 CERTIFICATE OF DEATH
1 71		CEASED NAME PERTURE BOOKER BYONE BOOKER BOOK
	1.5	TEMALE VEGTO MONTH DAY BD 90 YRS. MONTHS DAYS HOURS MIN.
funeral thin 72	1/3	UNITHPLACE STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? 8  MARRIED NEVER MARRIED AH INSTITUTION  WIDOWED DIVORCED DIVORCED TO USUAL OCCUPATION  1126 KIND OF BUSINESS OR
ours offer ed w	1	A FINALE (INSUCHEACHLITY, CHECKERET ADDRESS)  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MADE  ALL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
YLAND 2 thin 24 hr		STATE  136 COUNTY  136 CITY OR TOWN  136 INSIDE CITY LIMITS?  136 STREET ADDRESS  ATHER'S NAME  15 MOTHER'S MAIDEN NAME  15 MOTHER'S MAIDEN NAME
Complete with Mark	14-1	DANICI PRODUCTS INSTITUTE OF STATE OF THE ST
BALTIMORE, cote be executore be executore. Pages of the medical of		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-01-040 SALVORTRY (WAS DECEASED EVER WAR OR DATES)
ST., ertific g ph on p		18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  APPROXIMATE INTERVAL  BETWEEN ONSE AND DEATH  SMILE  APPROXIMATE INTERVAL  BETWEEN ONSE AND DEATH  SMILE  APPROXIMATE INTERVAL  BETWEEN ONSE AND DEATH  SMILE  APPROXIMATE INTERVAL  BETWEEN ONSE AND DEATH  DUE TO, OR AS A CONSEQUENCE OF
W. PRESTON on the death or by the ottendin se remove corb, cremation, or		Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF
201 es the pleos uriol,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir offending physicion.  (fer this certificate has been sig os the bural-transit permit. Then th and Mental Hygiene prior to b acked an Item 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 700 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
N OF VITA SICIAN: Th ng physicic certificate prodictronsit kentol Hygie ltem 18 sho	MEDICAL CE	216. ACCIDENT WAS UNDERLYING COURSE OF DEATH CAUSE OF DEATH LIFE EITHER NOTIFY MEDICAL EXAMINER)  216. THE OF INJURY COURSE OF DEATH LIFE EITHER NOTIFY MEDICAL EXAMINER)  216. THE OF INJURY COURSE OF DEATH LIFE EITHER NOTIFY MEDICAL EXAMINER)  216. THE OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
NVISION Offend free this Ss the bu	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FARM ETC.)  21l. LOCATION STREET CITY OR TOWN COUNTY STATE
ATTENDI spirol or CTOR: A 1 for use of Heal		270   certify that (i) this haspital) attended the deceased from (i) (our) opinion death accurred on the date and hour and from the causes stated above. (i) (we) (dd) (did not) view the body after death.
Al O the Oderoch Die Dore De		226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10/30 1072
TO HOSPITAL retoined by fl. TO FUNERAL should be det with the Stote IMPORTANT:		22d. PLATEMIN MIRAMOR, um 2118 W. PRATT ST. Bell: MN 21223
180 BP	1	BUBLI, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION BITTOR 10 MD AFFERTY D STATE
DHMH - 16 50M 1/BI (VRA 15, 4)	3	UNERAL DIRECTOR  250. DATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE  NOV 3 1982 C.



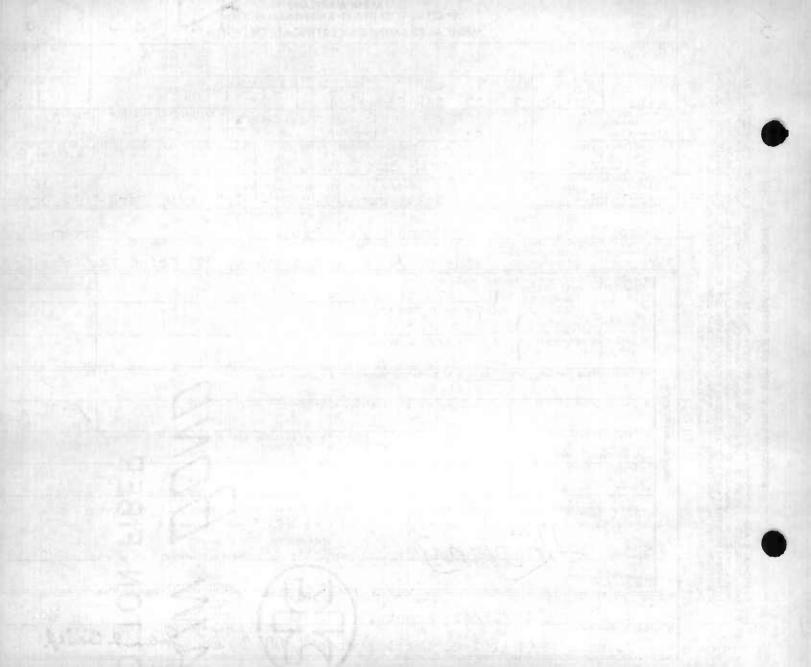
				STATE OF MARYLAND				
	1-	FOR STATE REGISTRAR		TMENT OF HEALTH AND MENT. LEXAMINER'S CERTIFICAT	0 /	2 5 REG. NO.	5	4
	1 DE	CEASED NAME FIRST	John	Brown	OF	KNOWN X MONTH	DAY YEAR 11 19 82	26 HOUR
PIESE DI ECTOR. TO HEES. IT HOURS	3. SEX	4. RACE  ATHULACE (STATE OR REPORT COUNTRY)	5. DATE OF BIRTY		DEAL OF BALTIA	E MONTH NCED	11 1982	2d HOUR 8:4,7AP
	1	TY OR TOWN OF DEATH	U. S. F.	WIDOWED DA	vorced  B	JPATION (TYPE OF WORK	ity 12h KIND OF BU OR INDUST	MD. JSINESS RY
100	USUA	Baltimore LRESIDENCE (IF IN NURSING HOME OR	(IF NOT IN SUCH EACHTY, GN 902 E.			10		
F ANY SHAP SHAP SHOULD		L RESIDENCE (IF IN NURSING HOME OR ATE 13b. COUNT	Y	MYES IN NO	00 904	F. Kre	52	81
RE, MD. SEATH. IF SES 1, 2, A PM 3.	17	Fore D	WIDDLE S	LAST US 15. MOTHER'S A FIRST	MAIDEN NAME	MIDDLE WASh	LAST	and
T., BALTIMORE, UNS AFTER DEA! B. GIVE PAGES IY. PAGES IV. DIVISION	16a. W (YE	(AS DECEASED EVER IN U.S. ARM S. NO OR WINNOWN) (IF YES, GIVE W	SED FORCES? VAR OR DATES)	6-01-3370-	wohn do	ADDRESS 12	34W.I	work
201 W. PRESTON S UTED WITHIN 24 HC IN PENCIL IN ITEM EXAMINER ALONG AIA1- TRANSIT PERM O MENTAL HYGIENE ON, OR REMOVAL.		Conditions, if ony, which gave rise to immediate couse (o) stating the <u>underlying couse lost</u> .	BY: E CAUSE (o) Arice DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c)	riosclerotic cardiov DNSEQUENCE OF		ease	APPROXIMAT	
F VITAL RECORDS E SHOULD BE EXECUDE WORD "PENDING" E CHIEF MEDING" E CHIEF MEDING" INTOF HEALTH AN BURIAL, CREMAT	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION WAS PERFORMED?	?		20 AUTOPSY	
INER: THIS CERTIFICATE SHOULD BE EXECUTED. ICATE, WRITING THE WORD "FENDING" F. FORWARDED TO THE CHEF MEDICAL TOR, PAGE 3 SHOULD BE USED AS A BUIL THE STATE DEPARTMENT OF HEAITH ANI AND, 21201 PRIOR TO BURIAL, CREMATIL	MEDICAL CERTI	210 EXTERNAL CAUSE WAS UNDERLYING OR CAUSE OF DI	216 TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJUI	H DAY YEAR	CURRED (ENTER NATURE OF IN	IJURY IN ITEM 18 PART 1 OR PA	YES ART 2)	№ 🖔
DIVIS HIS CER WRITIN VARDED AGE 3 S ATE DE	MED	214 INJURY OCCURRED WHILE NOT WHILE D AT WORK AT WORK	STREET, FACTORY FARA		CITY OR TO	)WN CC	VINUC	STATE
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE ST. BATTER DEATH, WITH THE ST. BATTMORE, MARYLAND, 2	1	220 I certify that I took charge death resulted from: Natura ACTUAL SIGNATURE H TYPE OR PRINT)	of the remains described a strauges XX Accident	Suicide . Homicide TITLE (SPECIF	FY)	DATE SIGNI	ED 10/	12/82
0909BP	22 11	HILD CREMATION, REMOVAL 23	10/21/8m <sup>23</sup>	With CEMETERY OF CREMATORY  White Company of Crematory  White Company of Crematory  1250.	7.7 OCT 1 8 1982	Couling	Court	ATE

133 4/15/6 45 V AZBING KUNIV 12 July - 402 F. Surship ST. 214 249-01-370 Sanaly Core of 1238 Williams amount. 

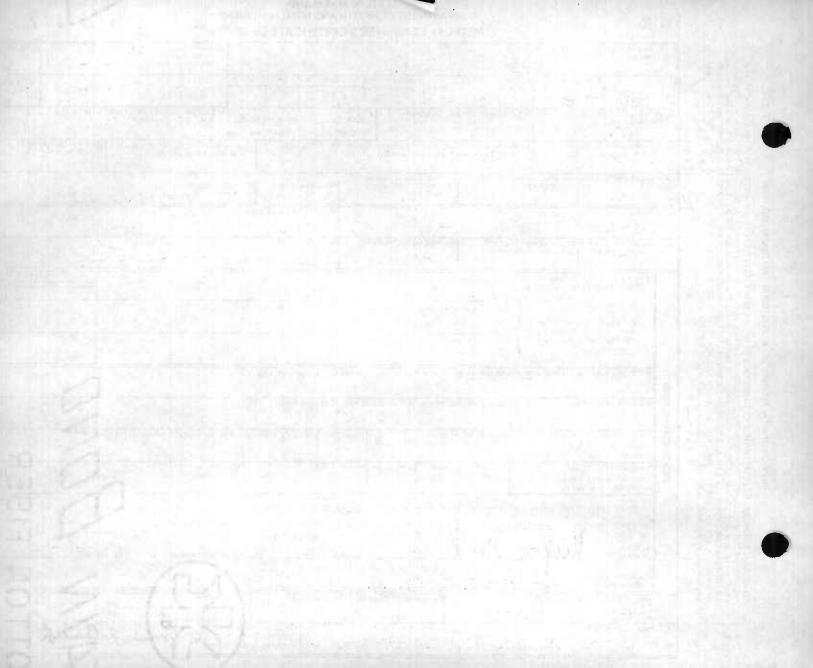


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME KNOWN ( MONTH 2b HOUR (TYPE OR PRINT) ESTI-19, 82 DEATH MATED Leroy Brown 4. RACE IF UNDER 1 YR. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HR 2d HOUR DATE YEAR LAST BIRTHOAY) PRONOUNCED 6:26 DEAD 28 54 YRS male Black 7a\_BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! Baltimore WIDOWED DIVORCED Maryland USA AGES 1, 2, AND 3 TO THE FU RM PM 3. RETAIN PAGE 1 AND 2 SHOULD BE FILED 1 OF WITAL RECORDS. 2011 10 CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS FOR MOST OF WORKING LIFE! Baltimore Druid Lake Drive USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) Apt.11F 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore YES LY NO [ Driud Park Lake Drive Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, 2 MICOLE LAST MIDDLE FIRST FIRST LAST DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, Russell Mvers Viola S AFTER DE GIVE PAGE VITH FORM Brown 18 GIN 3 WITH FOR 11T, PAGES 1 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) Viola Brown 727 Driud Pk. Lake Dr Yes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ALONG W BETWEEN ONSET AND DEATH MENTAL HYGIENE, N. OR REMOVAL. PART I DEATH WAS CAUSED BY Hemantemesis from carcinoma of lung IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF A BURIAL - TRANSIT Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (G. CERTIFICATION 19a DATE OF OPERATION USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, ICATE, WRITING ...
E FORWARDED TO THE C...
CTOR: PAGE 3 SHOULD BE UT
THE STATE DEPARTMENT OF
THE STATE OF THE C... YES NOXX 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME, 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR; PAGE 31 AFTER DEATH, WITH THE STATE DE BALLLWORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK NOT WHILE AT WORK 22a | certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted fram: Hamicide Undetermined manner Notural caus TITLE (SPECIFY) ACTUAL Assistant 10/20/82 MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Hormez R. Guard MABORESS Penn Street Balto MD (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Md. Arbutus 10/23/82 Arbutus Mem. BP 24 FUNERAL DELIAL 25g, DATE REC'D. BY REGISTRAR **DHMH - 17** F/H 1101 E. North Avenue (VR A15 ME (5)) C. Marc

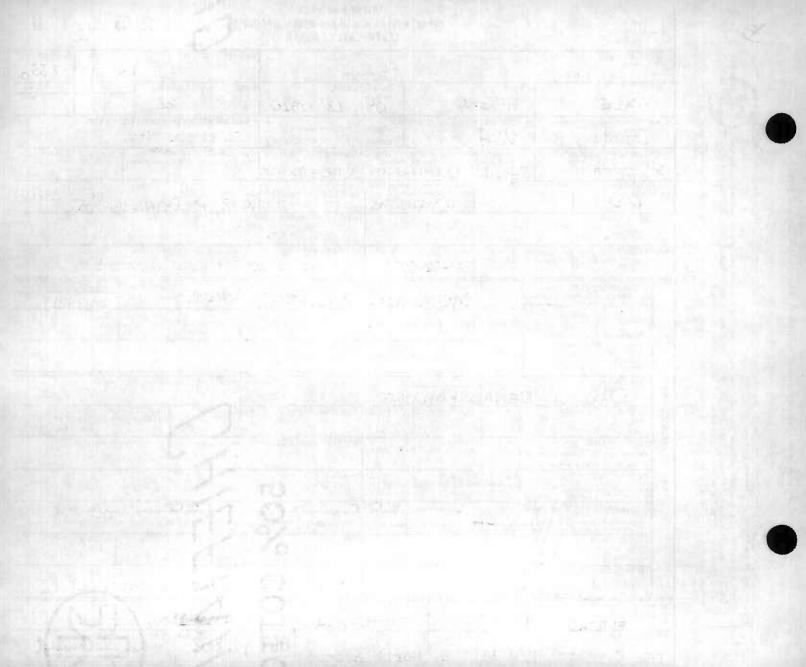
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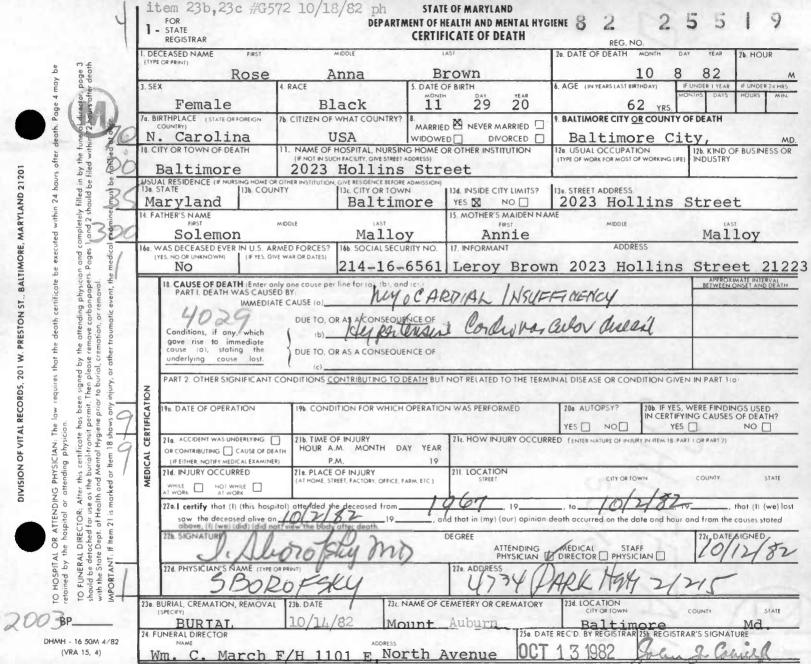


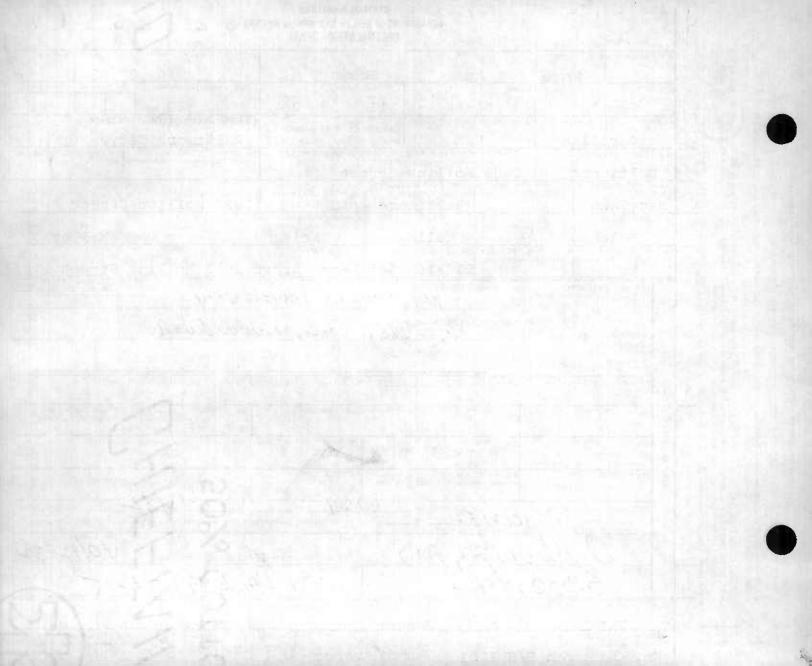
					-			ARYLAND		_					
1	1-	FOR STATE REGISTRAR		M				AND MENTAL I			REG	2	5	5	7
11/2	I. DE	CEASED NAME E OR PRINT)		4.7	MIDDLE			AST		2a. DATE OF	KNOWN ESTI-	TXX		DAY YEAR	26 HOUR
O THE FUNERAL DIRECTION AAGE 5 FOR YOUR PILES E FILES WITHIN 72 HOURS 5, 201 W. PRESTON STREET	J-5E)		MAT 4. RACE	THEW  Is, DATE OF BIR	TH	6. AGE (IN Y	FARS   IF LIN	BROWN DER 1 YR. TIF UNDER	D 24 HDS	DEATH 2c. DATE	MATED		10-1	18-82 DAY YEAR	M 24 HOUR
YOUR PILES IN 72 HOURS FON STREET	200	Male	Black	6 26	YEAR	LAST BIRTHE			MIN.	PRONOUI	NCED		10-1	18-82	8:45A
NOTESTON PRESTON	la Bi	RTHPLACE 1ST REIGN COUNTRY) Md.		76. CITIZEN OF	WHAT COU	_	Te .	D NEVER MARK	RIED X	9. BALTIA Bal	ORE CIT	Y OR C	OUNTY ity	OF DEATH	MD.
38		ty or town o ltimore		II. NAME OF H	OSPITAL, NU	IRSING HOM	E. OR OTHE	R INSTITUTION		ACST OF WO		(TYPE OF	WORK I	2b. KIND OF B OR INDUS	USINESS
35	USU/		IF IN HURSING NOME	OR OTHER INSTITUTION	13t, CIT	e BEFORE ADMISS Y OR TOWN Lto.		13d. INSIDE CITY LIMITS? YES 🛣 NO 🗆		EET ADDR		e Av	e.	21201	
500		ATHER'S NAME		MIDDLE		LAST		15 MOTHER'S MAID	EN NAME	A	AIDDLE		16	LAST	
SUL		rlingto	DEVER IN U.S. AF	PANED ECONCESS	Brown	CIAL SECURI	TY NO	Lillian			ADDR		an		
200		ES, NO, OR UNKNO		E WAR OR DATES)		N/A	,,,,,	Alpha Br	own	10	58 Aı		e A	ve.	
		18 CAUSE OF	F DEATH (Enter of	nly ane cause per	line far (a), (b	), and (c).)	7-5	syndrome						APPROXIMA	TE INTERVAL
HEALTH AND MENTAL HYGIENE, DIVISION OAL, CREMATION, OR REMOVAL.	NO	lying cause		(c) S CONTRIBUTING TO DE	ATN BUT NOT REL	ATED TO THE TER	MINAL DISEASE	DR CONDITION GIVEN IN P	ART I to						
JRIAL, O	CERTIFICATION	19a. DATE OF	OPERATION	198 CON	DITION FOR	WHICH OPE	RATION W.	AS PERFORMED?						20 AUTOPS	
S TO BU		UNDERLYING	L CAUSE WAS	HOUR	OF INJURY A.M. MONTH P.M.	DAY YEA		W INJURY OCCURR	ED (ENTER	NATURE OF IN	JURY IN ITE	M 18 PART	) OR PART	72)	
201 PRIC	MEDICAL	21d. INJURY C		21e PLAC	E OF INJURY FACTORY, FARM,	Y (AT HOME,		CATION		CITY OR TO	NWC		COUR	ИТУ	STATE
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A		22a. I certif death resulte ACTUAL SIGNATURE	′	rge af the remains ural causes	described ab Actident		Autaps vicide	Hamicide TITLE (SPECIFY) Assistar	Undet	Inquiry ermined m	anner [	],	DATE SIGNEE	10-18-	82
A STEEL OF THE PER PER PER PER PER PER PER PER PER PE	22. 0	EXAMINER'S (TYPE OR PRIN	NAME Ma	rgarita		ell,M.		ADDRESS 111	Penn	Stre	et				
MH - 17	24 F	Burial UNERAL DIRECT		@/22/82		Fasty:	iew Me	m. Pk.	REC'D. BY	Balt			COUNT	Md.	STATE



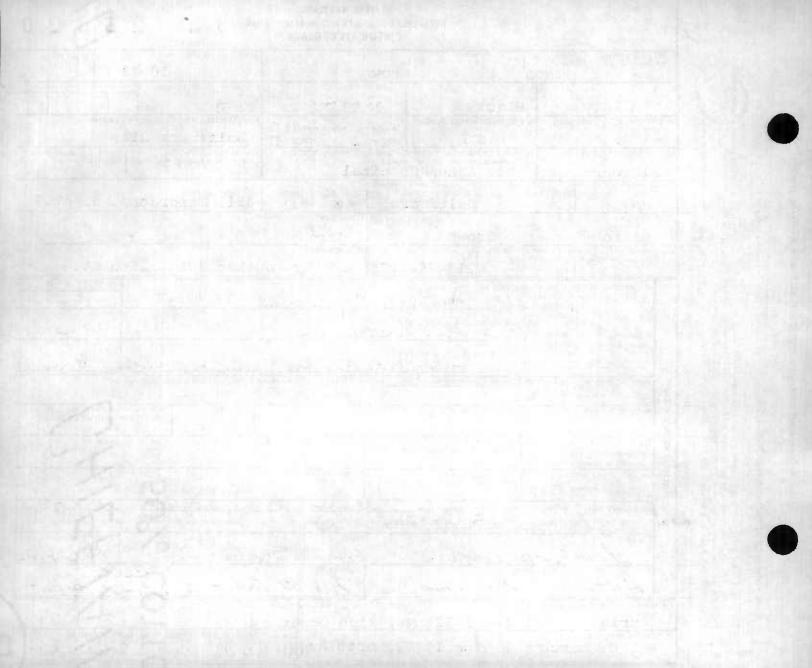
3	1.	FOR - STATE REGISTRAR	DEF	ARTMENT OF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2 2	5 5 1 8
m.e. a		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
4 00		Otis		Br	own	10	13 82 7:55 pm
(M)	3. SE	MALE	1. RACE NEGRO	5. DATE C	28 1920	6. AGE (IN YEARS LAST BIRTHDAY) 62	IF UNDER 1 YEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN.
A 100 00 00 00 00 00 00 00 00 00 00 00 00	1	RTHPLACE (STATE OF FOREIGN COUNTRY) Virginia	76. CITIZEN OF WHAT COUP	MARRIE WIDOWE	D NEVER MARRIED		NTY OF DEATH
by the to		altimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE JEWISH CON			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
AND 212 n. 24 hav Hilled in pould be regarded	13a.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	INTY 13c. CITY OF		13d INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	ANGH & 21205
MARYL peripherely and 2 st	14 F/	unkn.	MIDDLE LA:	51	15. MOTHER'S MAIDEN N. FIRST Unkn.	MIDDLE	LAST
the execu-	16a. \	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE MAR OR DATES	SECURITY NO. 2-6024	17. INFORMANT Mary Ann Bak	ADDRESS Ker 544 Winston	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed writing 24 hours of stending physician and campliming filled in the state burial-transit permit. Then please remove carbon paper. Paget and 2 hourd be filled in the ord Mental Hygiene prior to burial, cremation, or removal orded or frem 8 shows any injury, or other traumatic event, the medical conflict manifectual by		18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUS  IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), storting the underlying cause last.	prily one couse per line for (a), ED 8Y:  ATE CAUSE (a)  DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON	SEQUENCE OF	PROSTATIL	CANCER	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e law requires the nos been signed to permit. Then pleo ne prior to burral.	CERTIFICATION	PART 2. OTHER SIGNIFICANT CITYONIC 190. DATE OF OPERATION	CONDITIONS CONTRIBUTION  RENN FAI  196 CONDITION FOR V	LUME			YES, WERE FINDINGS USED PATHY OF DEATH?
SION OF VITA PHYSICIAN: Th ending physicio this certifican's this certifican's d Mental Hygie d or Nem 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		H DAF YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM	
DING PHYSIC or offending After this cere os the buric of the od Menting and manked or the	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
PIV R ATTENDING hospital or off RECTOR: After red for use os t pp. of Health o			1	. 19 <u>\$7</u>		death occurred an the date and l	
the Dock H		22b. SIGNATURE			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
TO HOSPITA retained by TO FUNERA should be de with the Stat			2		3640 FO		sano sirus
QnQBP		BURIAL, CREMATION, REMOVA (SPECIFY) BURTAL	10/19/82		emetery or crematory  Cemetery	Farmvillee,	
DHMH - 16 50M 4/B2 (VRA 15, 4)		m, C, March	F/H 1101 E.	North	Avenue CC	1 8 1982	ISTRAK'S SIGNATURE.



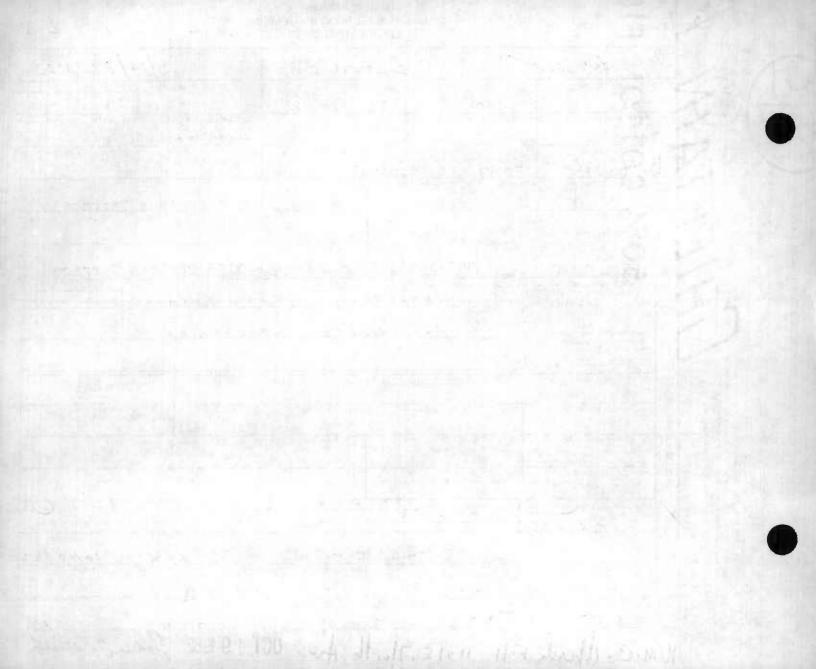




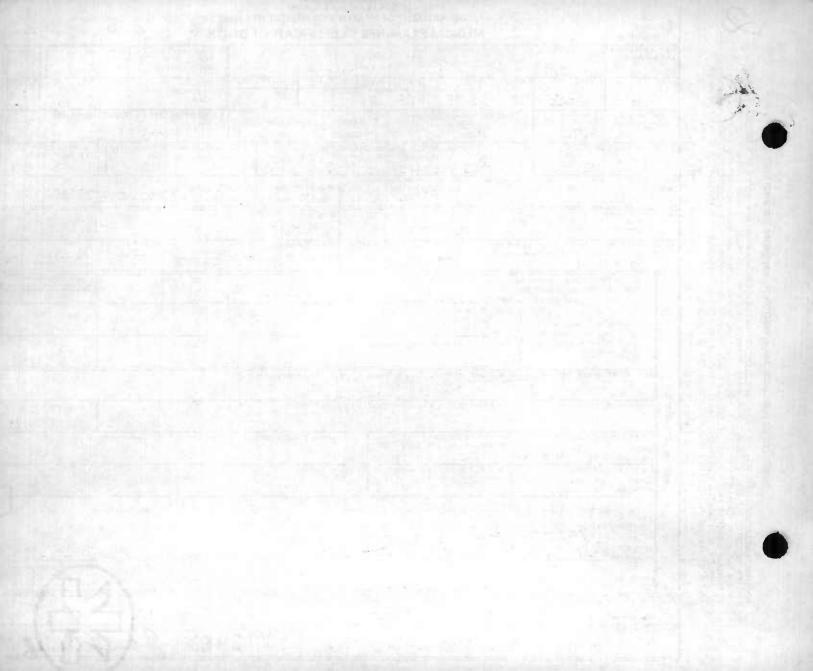
(VRA 15, 4)



3	1	FOR-STATE REGISTRAR			HEALTH AND MENTAL HYP	GIENE 8 2 2	5 5 2 1
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deoth. P		IRTHPLACE (STATE OR FOREIGN COUNTRY)  Trinadad		what COUNTRY? & MARR WIDOV	ED MEVER MARRIED DIVORCED DIVORCED	BAHimore CITY OR COUNTY	- (
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Oct. 28'82

Harry H Witzke 4112 Columbia Rd Ellicott City

Mt Olivet

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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YEAR

IF UNDER 1 YEAR

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BP DHMH - 16 50M 4/82 (VRA 15, 4)

Burial

24. FUNERAL DIRECTOR

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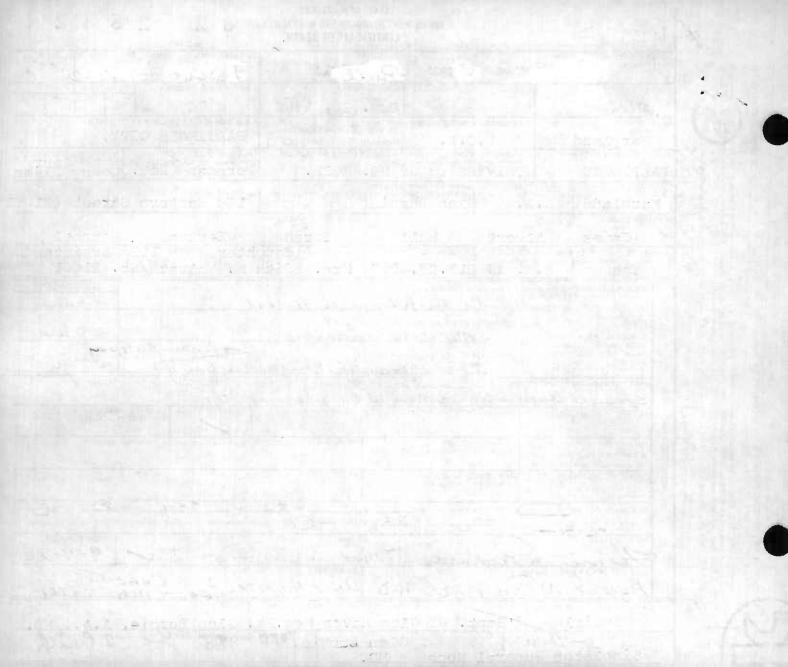
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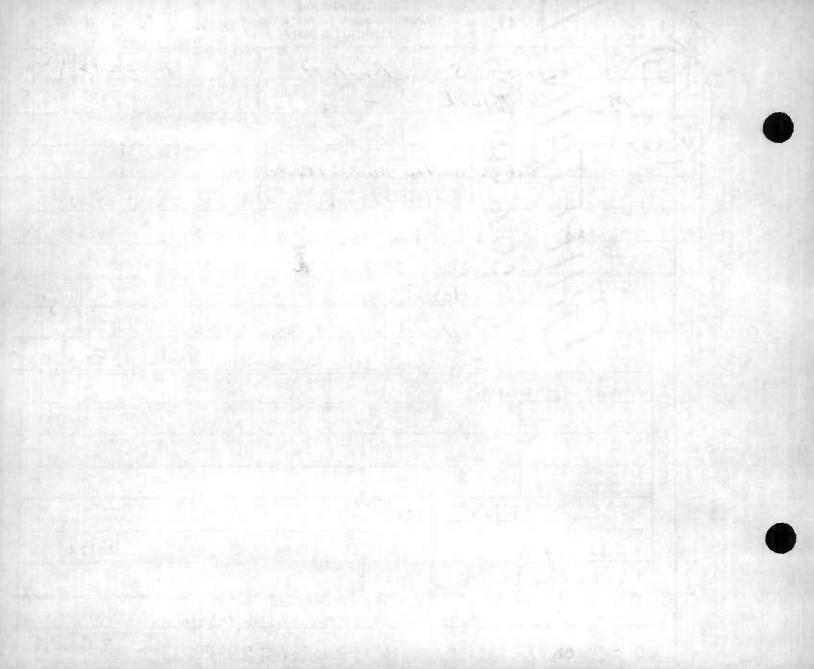
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(VRA 15, 4)



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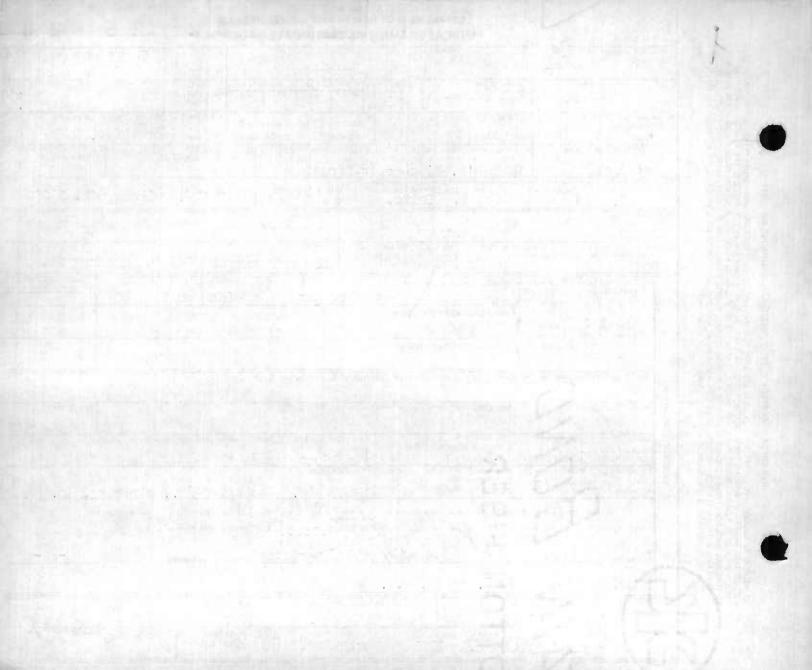


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE REGISTRAR DECEASED NAME 20. DATE KNOWNXX 2b. HOUR (TYPE OR PRINT) DEATH MATED Jerry Burrows 21 1982 10 3. SEX 4. RACE MONTH 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS 4:05 DATE LAST BIRTHDAY) MONTHS PRONOUNCED 25 YR 8 16 57 Male Black DEAD 1982 Th. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City. USA Md. DIVORCED ND 3 TO THE FU STAIN PAGE 5 ULD BE FILED. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore 2800 blk. Winchester Street ISUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13. STREEL ADDRESS Mulberry St. 21201 Balto. Md. YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Evelyn MIDDLE Hunter LAST Burrows James 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 14h. SOCIAL SECURITY NO LYES NO OR LINKNOWNI LIFYES GIVE WAR OR DATES! Herbert Burrows 701 W. Mulberry St. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TAL HYGIENE, PART I DEATH WAS CAUSED BY (Handgun) Gunshot wound of Head DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) CERTIFICATION WARDED TO THE CHIEF N PAGE 3 SHOULD BE USED A TATE DEPARTMENT OF HEA 21201 PRIOR TO BURIAL, C USED / 196 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO YES XX 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXXX MONTH DAY UNDERLYING ZZOR CONTRIBUTING CAUSE OF DEATH 4 . 0 P.M. 1982 subject was shot 71e PLACE OF INJURY 21f LOCATION STREET, FACTORY, FARM, ETC.) AT WORK NOT WHILE AT WORK 2800 blk. street Winchester St. . Baltimore. Md. ERAL DIRECTOR: Autopsy XX MARYLAND 220. I certify that I took charge of the remains described above, held an and in my apinion death resulted from Undetermined manner PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, M DATE 10-22-82 Assistant EXAMINER'S NAME Dennis F. Smyth III Penn Street 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Anne Arundol Co., Md. Burial Cedar Hill Cem. 24 FUNERAL DIRECTOR OCT 2 DHMH - 17 Wm C March F/H, Inc. 1101 E. North Ave (VR A15 ME (5))

20M 4/B2



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Singleton Funeral Home

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(VRA 15, 4)

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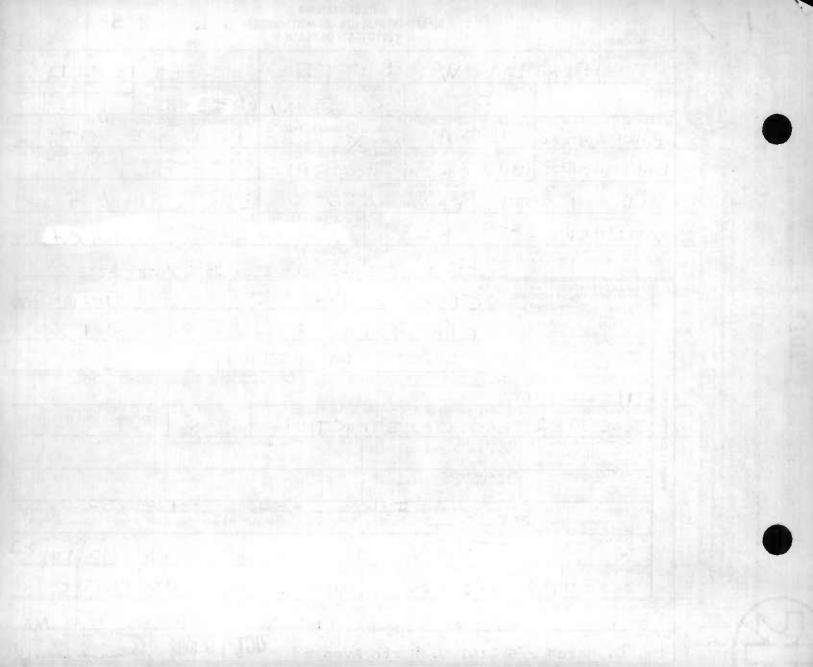
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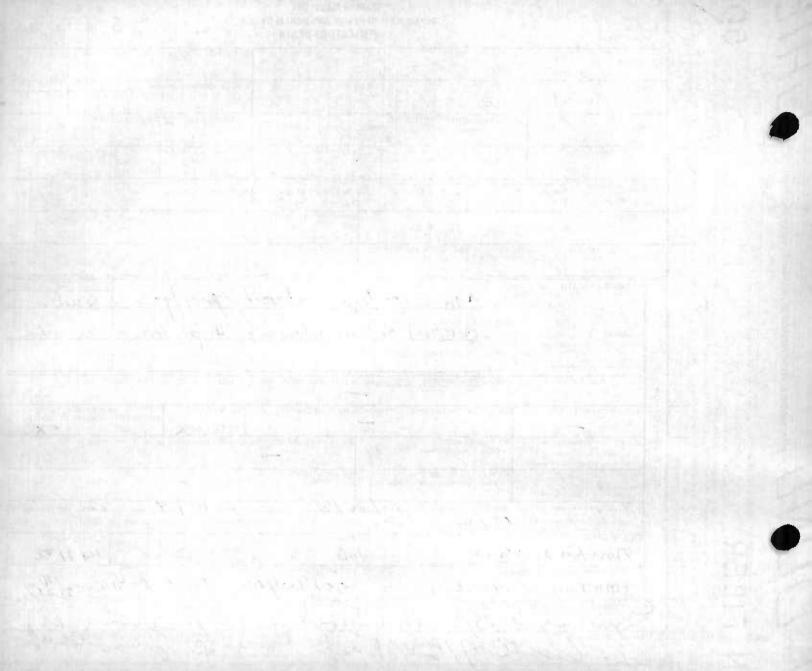
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A SIPRI	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 2 REG, NO.	5 5 3 3
ooth seed		ASED NAME BERTHA MIDDLE	1 BUTTS	20. DATE OF DEATH MONTH DATE	- 1000
A Y L	3. SE	F. ARACE B	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  FMOTO  SYRS.	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.
in 72 for	1	HPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT CONTRY) ARTHURE, MO U.S. F	OUNTRY? 8.  MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	BAIT MORE	FDEATH  CLTY MD.
o15.3. by the fullied with	10.C		L, NURSING HOME OR OTHER INSTITUTION GIVE STREET ADDRESS)  MD  TAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
NND 2120)	13e. S		FINE BEFORE ADMISSION) OR TOWN 13d. INSIDECITY LIMITS? YES NO [	130. STREET ADDRESS BERU	16 Aue
E, MARYLA Completely 1 ond 2 sh	IA FA	HER'S NAME  FIRST AM  MIDDLE	USL SS Clara	AME	Smith
		, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	cial security no. 17. INFORMANT -18-3033 Margaret S	Shaw 2603 Bervl	Ave
N OF VITAL RECORDS, 201 W: PRESTON ST., BALTIMOR SICIAN: The law requires that the death certificate be executed physician.  certificate has been signed by the attending physician and unial-transit permit. Then please remove carbon papers. Pages entel Hygiene prior to burial, cremation, or removal. Item 18 shows any injury, or other traumotic event, the medic	CERTIFICATION	JUNE 1982 BOWEL	ONSEQUENCE OF METAS  TING TO DEATH BUT NOT RELATED TO THE TERM OR WHICH OPERATION WAS PERFORMED  OBSTRUCTION	MINAL DISEASE OR CONDITION GIVEN	WERE FINDINGS USED NG CAUSES OF DEATH? NO
DIVISION OI HOSPITAL OR ATTENDING PHYSICI ined by the hospital or after this cert build be detached for use as the burial- hithe State Dept. of Health and Mental hithe State Dept. of Health and Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  1d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  21e. PLACE OF INJURY (AT HOME, STREET, FACTO 1 work had been as a sown the deceased alive an above, (1) (we) (did) (did not) view the body after deceased.  2d. PHYSICIAN'S NAME (TYPE OR PRINT)	ed from 19 and that in (my) (our) apinion  DEGREE  ATTENDING	city or town  19  19  19  19  19  19  19  19  10  11  11	county state  \$2, that (I) (we) last and from the causes stated  22t. DAJE SIGNED  10 18 8 2
0833 <sub>BP</sub>	23e.	RIAL, CREMATION, REMOVAL 23b. DATE ECHY) BURTAL 10/22/82	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		eral Director  NAME  C. March F/H 1101 I	250. DA	OCT 1 9 1982	MR'S SIGNATURE



THE STREET STREET



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the hospital or ottending physicion

Page 4 may be

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		STATE REGISTRAR			FICATE OF DEATH	REG. NO	<i>ය</i> <b>ට</b> ට.	2 3 0
		CEASED NAME FIRST	WIDDIE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
		MARY		CALLAH	IAN	OCTOBER 1	1.1982	04:00AM
)	3. SE	x PEMALE	4 RACE BLACK	S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DA	
-	MI BI	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COL	UNTRY? 8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
2	W.	VIRGINIA	U.S.A.	WIDOW		BALTIMOR	RE CITY	MD.
3		LTIMORE	11. NAME OF HOSPITAL, IF NOT IN SUCH FACILITY, GI THE JOHNS I	IVE STREET ADDRESS)	HOSPITAL	120 USUAL OCCUPATION OF THE CONTRACT OF WORK FOR MOST OF		D OF BUSINESS OR
	130. S MA	AL RESIDENCE (IF NURSING TO THE RYLAND ATHER'S NAME FIRST	R INSTITUTION GIVE RESIDEN	POLIS	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA.	13e. STREET ADDRESS 1157 Bay F	Holland Ave	LAST
7		WILL		PBELL	CATHELEN	IE MODE		NADY
2			MED FORCES? 16b SOCI	AL SECURITY NO.	17. INFORMANT	CALLAHAN 11	Annapolis	. ,
	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A COI  (c) ?  CONDITIONS CONTRIBUTION  196 CONDITION FOR	Compether BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONT	DITION GIVEN IN PART	
	RTIFIC					YES NO	IN CERTIFYING CAUS	SES OF DEATH?
	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2)
	MED	21d INJURY OCCURRED  WHILE DOT WHILE DAT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY	OFFICE, FARM ETC )	216 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
		220.1 certify that (1) (this haspi saw the deceased alive on above, (1) (we) (dig) (did na 22b. SIGNATURE		19 <u>82</u> . or	nd that in (my) our) ppinion of DEGREE	MEDICAL STAF	22c. DA	the causes stated
		22d. PHYSICIAN'S NAME - TYPE O	eng		22e ADDRESS Tolus H	opkms A	bspital	11/00
	(	URIAL, CREMATION, REMOVAL SPECIFY) BTAT.	236. DATE 10-16-1982		EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN PRINCETO	COUNTY	STATE
	-	INERAL DIRECTOR A		lanes.		E REC'D. BY REGISTRAR T 1 3 1982		

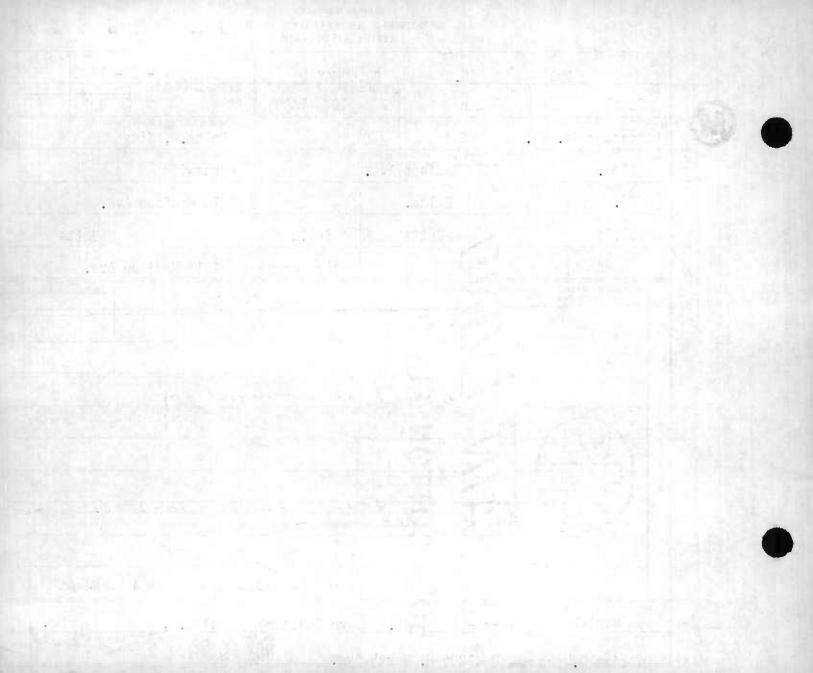
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IMPORTANT: If Item 21 is morked ar Item 18 shows any injury, ar other troumatic event, the medical TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and coshould be detached for use as the busial-transif permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

State of the state BRAN-Shark 

1206 W. North Ave

William C. Brown



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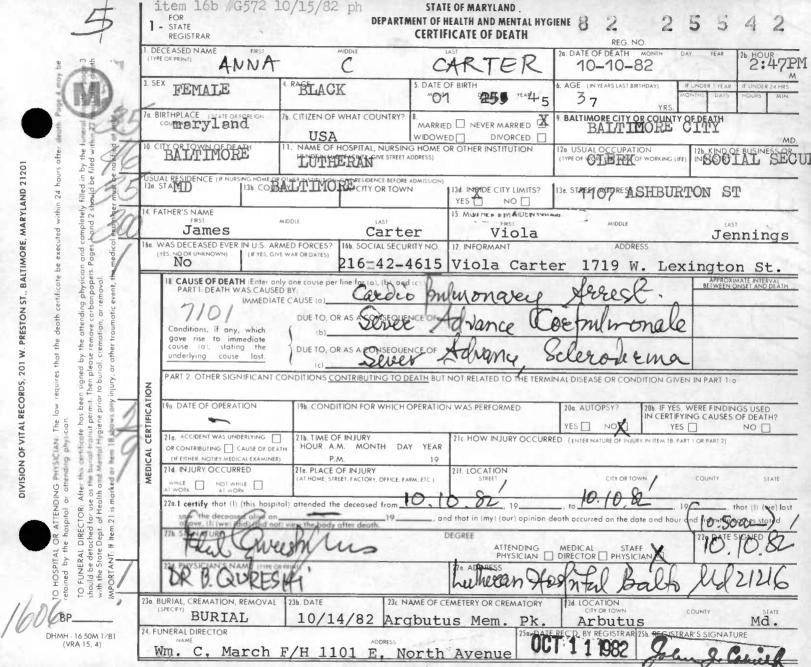
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6	1-	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	U En En	5 5 4 0
be ath		CEASED NAME FIRST OR PRINT) IRMA	MARIE	CARRICK	REG. NO.  20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR - SI /910 M
_ (00)	3. SE	F	A RACE  CAU  76 CITIZEN OF WHAT COUN	5. DATE OF BIRTH  MONTH  DAY  1 YEAR  1 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 65 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
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TO HOSPITA TO FUNERA should be do with the Stat	23a B	G. Howar p URIAL, CREMATION, REMOVA	L 23b. DATE	MR MONTEBELLO 234 NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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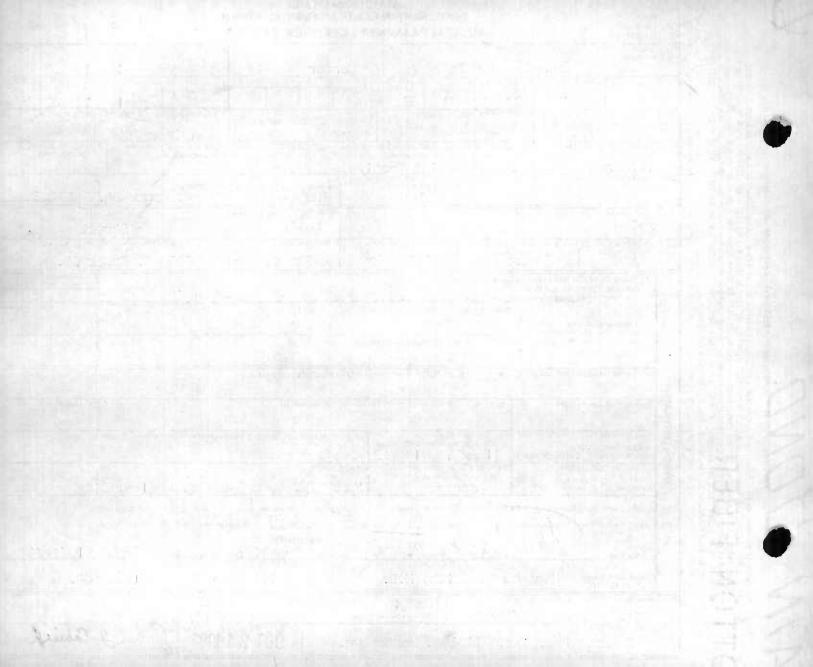
/3	1.	STATE REGISTRAR		DEPARTA		FICATE OF DEATH	REG. N	2	5 5	4 1
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and co		WAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDR			
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in we requires that the death ce.  as been signed by the ottendin  sermit. Then please remove corb  serpic to burial, cremotion, or,  sony injury, or other traumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  TB, Hept  19a. DATE OF OPERATION	conditions c	MOR. COL	EATH BUT	VASCULA NOT RELATED TO THE TERM	200. AUTOPSY?	20b. IF YES	, WERE FINDI	NGS USED
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BP	(	BURIAL, CREMATION, REMOVAL SPECIFY) Burial		23c. N	ing !	EMETERY OR CREMATORY Memorial Pk	23d LOCATION CITY OR TOWN Randal	lstow	LOUNTY	STATE Md •
MH - 16 60M 7/73 (VR A 35 (4))		UNERAL DIRECTOR NAME Edd FUNERAL	Home	ADDRESS - 5269	JOR	KRd. 00	T 2.1 1982	25b. REGISTI		shilf

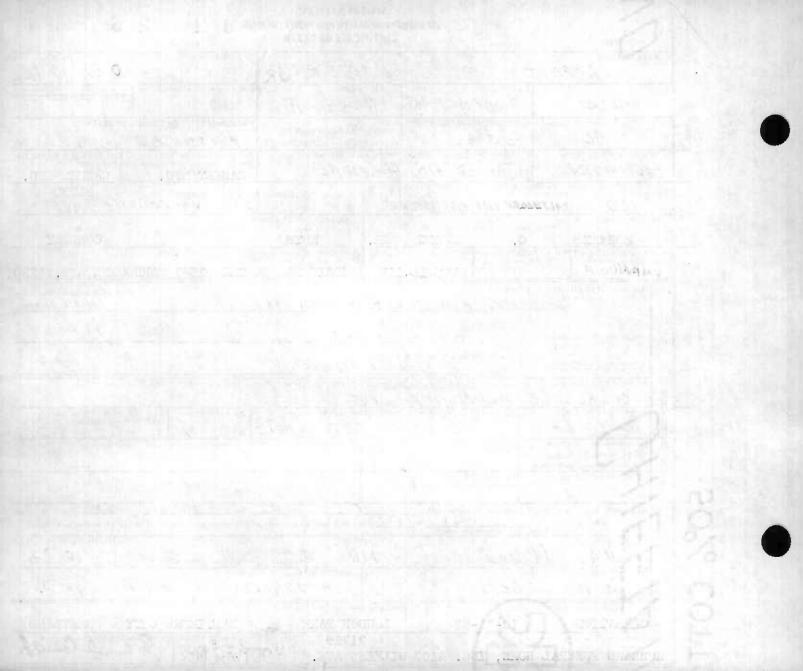
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	A10.8 A-53.50				

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR 20. DATE KNOWN DECEASED NAME 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED George Carter 819 82 4. RACE IF UNDER 1 YR. 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR 2c. DATE MONTH LAST BIRTHDAY) PRONOUNCED 2:03 Male Black 3 DEAD 51 31 1819 82 D M BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Md. USA X WIDOWED DIVORCED Baltimore City IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Johns Hopkins Hospital AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) Jo. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 2050 E. Eager St. 21205 Md. Balto. YES X NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE AUDDIE Robert Della Carter Street 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-20-6800 Della S. Carter Korean 2050 E. Eager St. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ED AS A CERTIFICATION USED, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CHRIFICATE, WRITING THE WORD "P PAGE A SHOUD BE FORWARDED TO THE CHIEF. TO FUNETAL DIRECTOR, PAGE 3 SHOULD BE USED AFFER DEATH WITH THE STATE DEPARTMENT OF HE BANTIMCRE, MARYLAND, 21201 PRIQR TO BURIAL, YESXX NO [ 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART + OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR 90X 0 18 10 82 CONTRIBUTING CAUSE OF DEATH Subject shot 21e PLACE OF INJURY (AT HOME III LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK street 1000 Blk. N. Chapel St., Balto. City Md. 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Homicide X Suicide Undetermined manner death resulted fram Natural causes TITLE (SPECIFY) ACTUAL Deputy Chiefedical EXAMINER 10/19/82 SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME III Penn St. Balto. MD. (TYPE OR PRINT) ADDRESS 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Arbutus, Md. Arbutus Mem. Pk 24. FUNERAL DIRECTOR BY REGISTRAR 1356 REGISTRAR'S SIGNATURE DHMH - 17 Will C March F/H, Inc. "III E. North Ave. VR A15 ME (5)) 20M 4/82





Leonard J Ruck Inc. Baltimore, Maryland

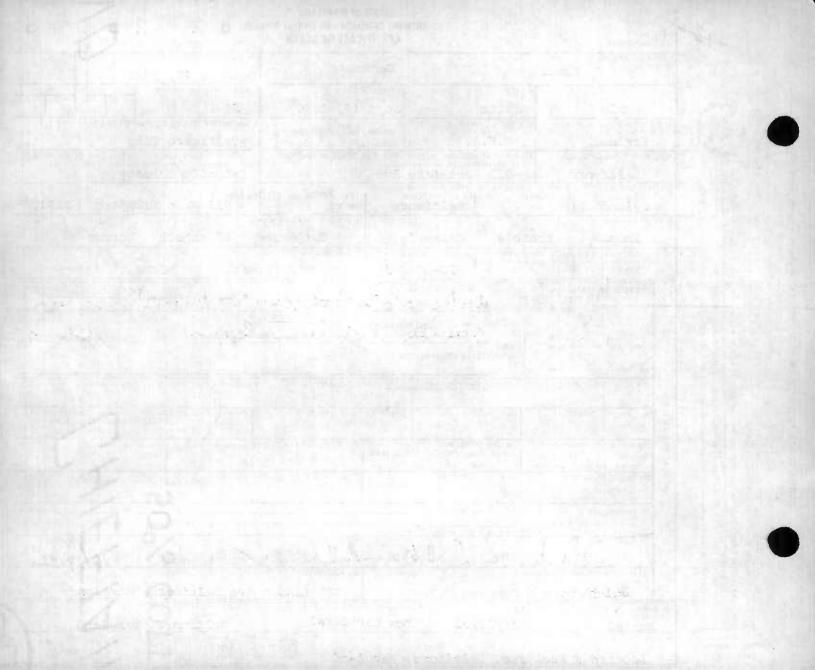
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

STATE



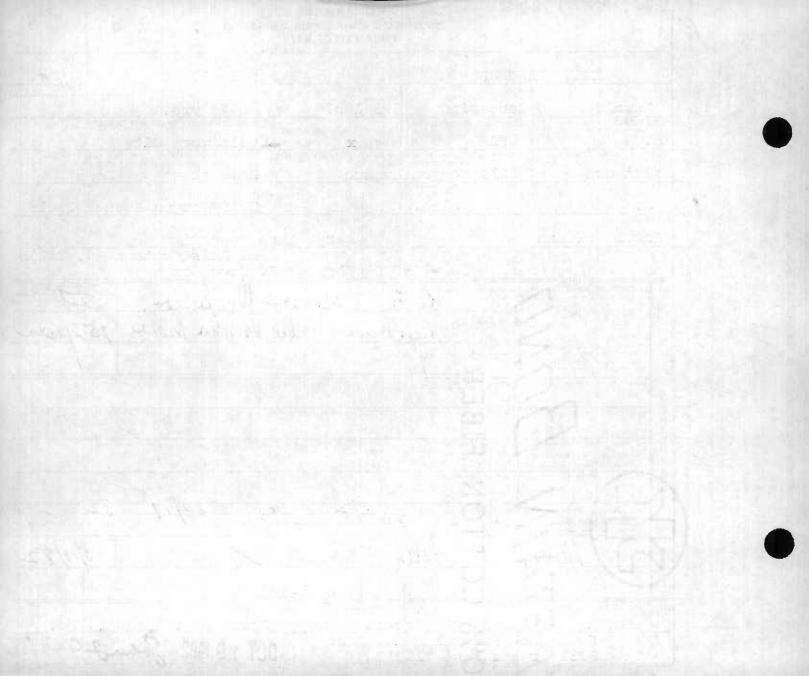
21213

3331 Brehms Lane

STATE OF MARYLAND

item 8 #G572 10/22/82 ph

(VRA 15, 4)



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(M)	II. SE	Female	4 RACE	te	5. DATE (		6. AGE (IN YEARS LAST BIR	YRS.	ONTHS. DAYS	FUNGER 24 HRS
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ompletely and 2 s.	14. F	ATHER'S NAME FIRST  John	Tragesen			15. MOTHER'S MAIDEN NA	ie E. Dawson		\$AST	
Pages	16a \	WAS DECEASED EVER IN U.S. YES, DO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	212-01-	3420	Mrs. Louise	7 Mandan	100 0		212
has been signed by the permit. Then please rem per per in to burial, crem oweging injury, or other t	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION	(c)	COF	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	20b. IF YES,	WERE FINDING	
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os the bur th and Me orked or th	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE.	FARM, ETC )	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
VERAL DIRECTOR: A be detached for use \$ State Dept. of Heoli (ANT: if hem 21 is mo		22a. I certify that (I) (this has saw the deceased alive above, (I) (ma) (pid) (did) (II) alignature.	an /0 -	19	82.		MEDICAL STAI	F	ond from the co	
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	OR A DIREC Oched Dept. If hem		22 SIGNATURE		DEGREE ATTENDING	MEDICAL STAI	276. DATE SIGNED 9/26/82
	크루 크림함		my report po	m mo	PHYSICIAN (	DIRECTOR PHYSIC	1AN A 9/26/02
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	FOR	DEPARTMENT OF HEALTH AND MENTAL HYG	IFNE 8 2 2 5 5 5 0
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5 40 47	Male	Black 10 25 82	WONTHS DATS HOURS AMON
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	OR TOWN OF DEATH	WIDOWED   DIVORCED	Balto City MD.
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9 6	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN IN PART 11g
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8 shaws any injur	90. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
			YES NO YES NO
- 6.7	OR CONTRIBUTING CAUSE OF DEA	The second secon	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
# 0	(IF EITHER NOTIFY MEDICAL EXAMINER	1) P.M. 19 216. PLACE OF INJURY 216. LOCATION	
	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET	CITY OR TOWN COUNTY STATE
To E	120.   certify that ( this hospi	tal) attended the deceased from 10 - 25	, to
21 is	saw the deceased alive on	10 - 25 19 82 and that in (my) (our) opinion	death accurred an the date and hour and from the causes stated
t tem	UN JONATURE	it) view the bady after death.  DEGREE	22c. DATE SIGNED
3	Flan Ju	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN 16-25-82
IMPORTANT: 1	TE PHYSICIAN'S HAME INTE	220 ADDRESS	(, 0,1)
# 04 /	Brian Di	Ige/ MD bas, Green	ne Sti Balto 21201
230.00	RIAL, CREMATION, REMOVAL		23d. LOCATION CITY OR TOWN COUNTY STATE
74 FIII	Removal VERAL DIRECTOR	11/4/82	E BEC'D BY BECKEPADIST PERISTDAD EXICANTUDE
1 4/82	NAME Anatomy B	oard ADORESS Balto., Md.	THEC'D. BY REGISTRARY SEGISTRARY OF ICKNING

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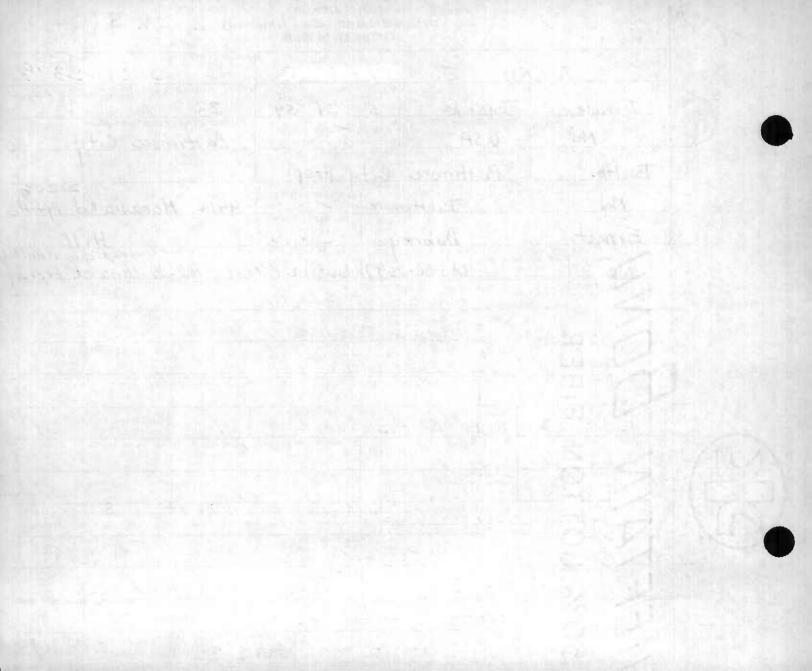
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH MONTH 2b. HOUR Joseph 82 Cherry 10 Lee 5. DATE OF BIRTH IF UNDER I YEAR 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 34 24 47 YRS black male 70. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore city Md USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR UCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Curley Street USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 1211 N. Curley Street 13a. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Md YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME John MIDDLE MIDDLE Hines Cherry Hester ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 237-52-4434 Evelyn Cherry 1211 N. Curley Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and Ici.
PART I. DEATH WAS CAUSED BY: Cardia IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ă IN CERTIFYING CAUSES OF DEATH? NOM YES [ NO [ 71a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 190 22a. I certify that (1) (this haspital) attended the deceased from, 1980 sow the deceased alive on. , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death. DEGREE 226 SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL 130 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS d b Mr. useroM 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Buria] 11/1/82 Baltimore Cemetery Baltimore 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 William C. March F/H 1101 E. North Ave

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8-2 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH MONTH 1. DECEASED NAME 2h HOUR ITYPE OR PRINTI OPAL CHESNEY B. October 10 1982 3 SEX 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNGER LYEAR July 8, 1899 Female White 83 In BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Indiana USA WIDOWED DIVORCED T Baltimore City M. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Maryland General Hospital Homemaker Own Home 13b. COUNTY 3501 St. Paul St. 13d INSIDE CITY LIMITS? 21218 Baltimore Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDELE MIDDLE Emma Clarence Bockover Howard 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO. 17 INFORMANT HE VES GIVE WAR OR MATES 213 10 3046 | C. Howard Bockover, Ellicott City, MD No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Cardiac Arrest IMMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE OF Ovarian Cancer With Metastasis Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIX 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) and Mer 211 LOCATION 21d. INJURY OCCURRED 210 PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE August 24 220.1 certify that (1) this hospital) offended the deceased from sow the deceased olive as October 10 19 to October 10 82 sow the deceased alive on October 10 above, in (we) (did) (newer) view the body ofter death and that in (Ky) (our) apinion death occurred on the date and hour and from the causes stated 226 SIGNADA 22c. DATE SIGNED MEDICAL 10/10/82 should be dete with the Stote IMPORTANT: DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) ADDRESS Albert French II M.D. c/o Maryland General Hospital 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL MD STATE Lorraine Park 10/13/82 Balto. . Burial 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. DHMH - 16 50M 4/82 4905 York Road Balto., MD 21212 (VRA 15, 4)

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STATE OF MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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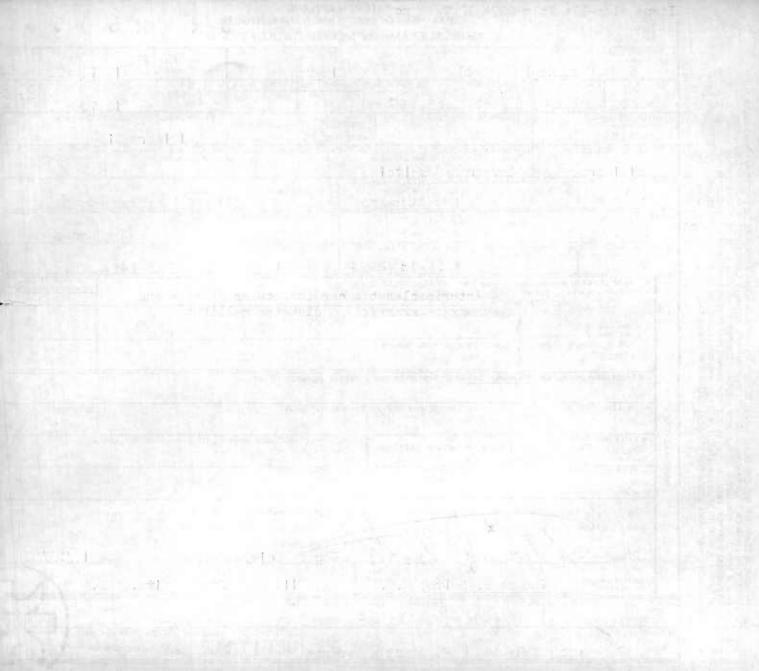
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH YEAR 2b HOUR (TYPE OR PRINT) Ames 9:00 October 12 1982 3 SEX A RACE 5. DATE OF BIRTH IF UNDER 1 YEAR VEAD male Black 32 3 50 YRS 70. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED COUNTRY N. Carolina USA Baltimore City WIDOWED DIVORCED II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 113c CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Md. Balto. 3012 1/2 Clesea Terrace YES K NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE John Lee Clifton Christiana Clifton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 243-44-0256 Deborah Clifton 1011 Chestnut St. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Myocardial Infarction IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Hypotens ion Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. Hypovolemia, secondary to post operative bleeding, 80minutes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION Esophageal Carcinoma c sooh ASEAL 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION, WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED Esophageal (Carcinomac IN CERTIFYING CAUSES OF DEATH? 101 YES [ NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINERS P.M. 19 'n 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 10/12 82 , that XII (we) last 220.1 certify that () (this haspital) attended the deceased from. S Z and that in (

★) (our) opinion death occurred on the date and hour and from the causes stated.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO 20. DATE KNOWN 1. DECEASED NAME FIRST MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Clarence Cloud 19 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED DEAD 19 82 male Black 20 10 10 61 YRS 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City. S.Carolina WIDOWED [ DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS General Hospital FOR MOST OF WORKING LIFE Baltimore Maryland 2, AND 3 TO 1 3. RETAIN PA SHOULD BE F ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD, 2120 13b. COUNTY Maryland Baltimore NO [ 416 Edgewood St 21229 VITAL VITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST -UNKNOWN Amada Johnson GIVE PAGES //TH FORM | PAGES 1 At 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) No 239-24-0014 James Cloud 51 Belmont St APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) AMINER ALONG W. TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL -OF HEALTH AND MEI JRIAL, CREMATION, C lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] DEPARTMENT NOY ICATE, WRITING ... FORWARDED TO THE A 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORWARD T**O FUNERAL DIRECTOR:** PAGE AFTER DEATH, WITH THE STATE I BALLIMORE, MARYLAND, 21201 Inspection X 22a. I certify that I to described obove, held on Autopsy ond in my opinion Inquiry deoth resulted fro Suicide Homicide Undetermined monner TITLE (SPECIFY) DATE M. Debuty ChiefMedical EXAMINER 10/2/82 SIGNATURE THOMAS D. SMITH, M.D. EXAMINER'S NAME III Penn St. Balto. MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 10/6/82 Mount Arburn Cem Baltimore **DHMH - 17** C. March F/H1101 E. North Ayene VR A15 ME (5)) 20M 4/B2

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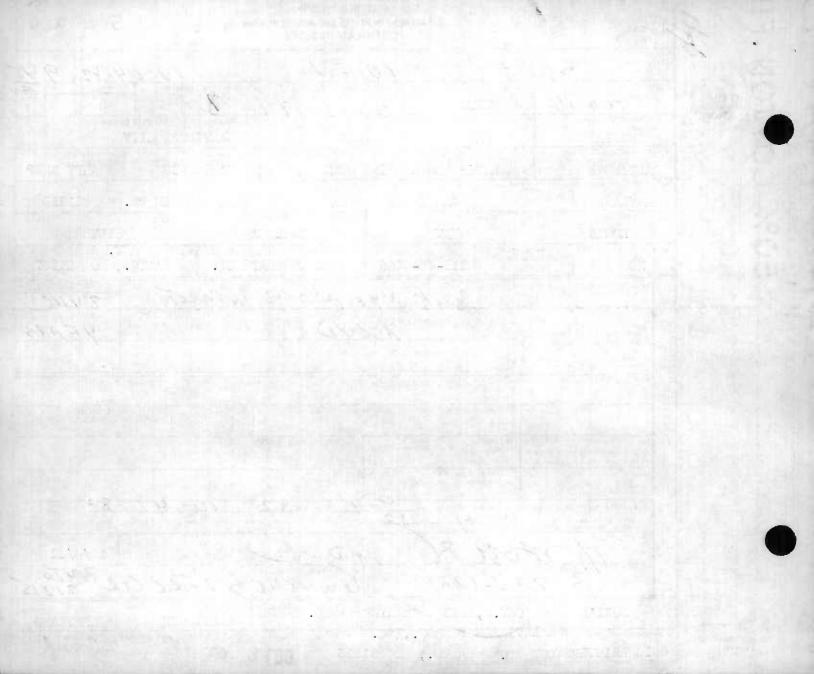
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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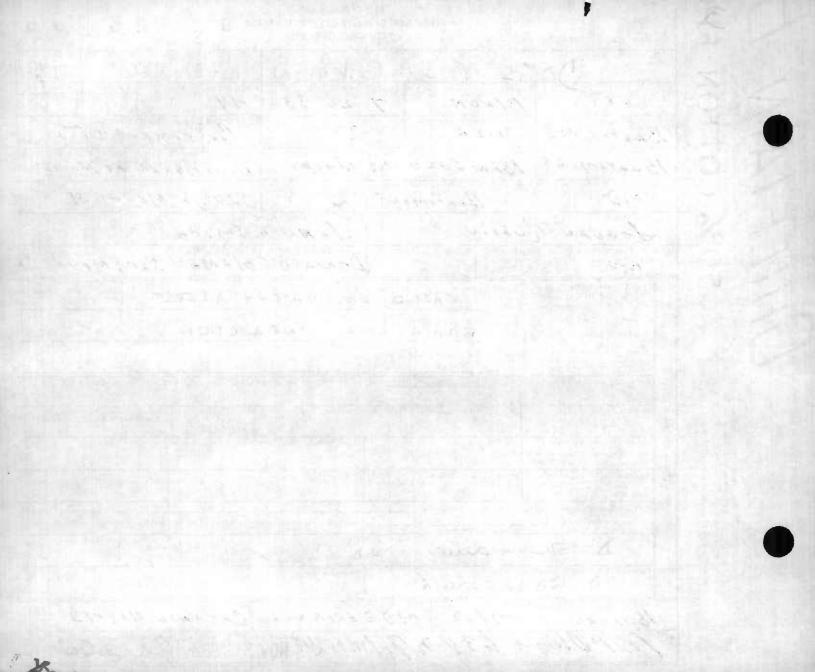


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 20 DATE KNOWN DECEASED NAME 2b. HOUR MONTH YEAR (TYPE OR PRINT) OF ESTI-DEATH MATED N 72 HOURS Willie Coit 1982 AGE (IN YEARS IF UNDER 1 YR. 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE 24 HOUR 6:06A LAST BIRTHDAY) DAY PRONOUNCED YOUR Male Black. 10 9 26 55 DEAD YRS 1882 WITHIN Ta. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH D THE FUNERA PAGE 5 FOR MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED DIVORCED Baltimore City FILED, 12a USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 2716 Baker Street TAIN P Baltimore Dicabled USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13g. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b COUNTY 2716 Baker St. YES XX NO Md Ralto 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND 2 MIDOLE LAST MIDDLE LAST Eddie Coit 011ie Coit 17. INFORMANT ADDRESS 18. GIVE PA WITH FORM IT. PAGES DIVISION 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW II 250 28 6741 2716 Baker St. Mrs. Lula Coit ves APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PERMIT. BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Carcinoma of lung IMMEDIATE CAUSE (o)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED AS INERS. 1776
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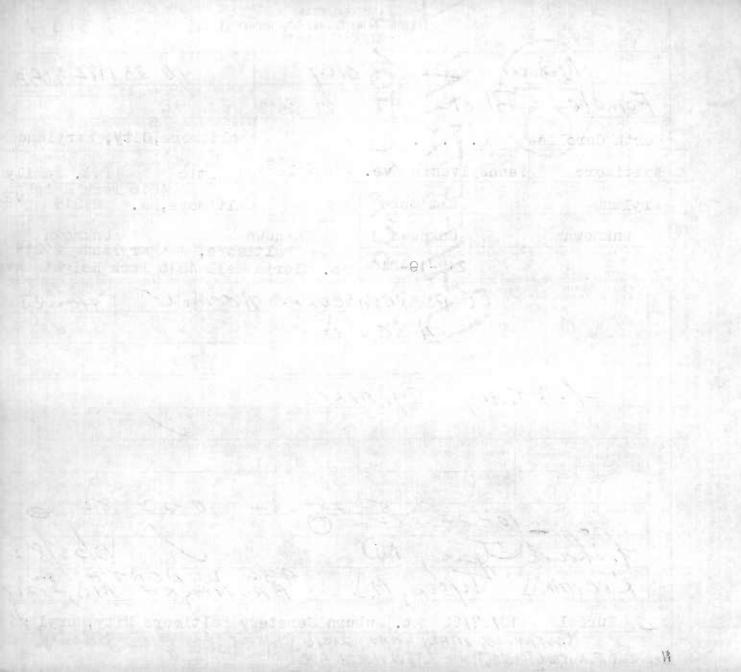
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME LAST 2R DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) Victoria Rosa cole 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR # UNDER 24 HRS MONTH DAY YEAR MONTHS DAYS HOURS. 1893 Female Black BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY arvland Baltimore City WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Springdale Avenue Floral Designer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SpringdaleAve 130. STATE 136 COUNTY 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN Baltimore Baltimore, Maryland Varyland NO [ 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Forbes FIRST MIDDLE LAST FIRST MIDDLE Foster Thomas Maggie 17 INFORMANBalto . . Md . SpringdaleAve 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ar. James & Mrs. Lottie Cole 4017 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICAT 19a DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Hygiene NO YES -NO [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a 1 certify that (1) (this haspital) attended the and that in (my) (aur) apinian death accurred in the date and hour and fram the causes stated belove ( we) (did) (did not) liew the body after death 77MSIGNATE DECREE 22c. DATE SIGNED ATTENDING TO FUNERAL should be detact with the State PHYSICIAN DIRECTOR PHYSICIAN 724. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Baltimore County, Maryland Joseph Deckelbaum Court Road. Suite 610 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 234. LOCATION 23b. DATE STATE CITY OR TOWN COUNTY Baltimore Woodlawn Cemeterv County . Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-16 25M** (VRA 15, 4) 1/79 B. NUTTER FUNERAL HUME 3035 W. NORTH AVE 9. C. A

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH (TYPE OF PRINTS Delores AGE (IN YEARS LAST BIRTHOAY) 1913 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore CIty, Maryland U. S. A. North Carolina WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION YORK FOR MOST OF WORKING LIFE Baltimore Pennsylvania Ave. Pvt. Family Domestic USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13. STREET ADDRESS 4816 Baltimore, Md. Park Heigh 136 COUNTY Baltimore 13d INSIDE CITY LIMITS? laryland 14. FATHER'S NAME MIDDLE Unknown Unknown Unknown Unknown 17 INFORMANT Baltimore, ADDRESS Maryland 21215 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 219-10-0406Mrs. Gloria Bell 4816 Park Heights 18 CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and ( COROBROVASCULAR ACCIDEN PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGN CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. JYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET FACTORY, OFFICE FARM, ETC.) CITY OF TOWN COUNTY WHILE NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from 19 82 and that sow the deceased glive on\_ (my) our) apinion death accurred on the date and hour and from the gauses stated EGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR HYSICIAN 22e. ADDRESS should be with the 23a. BURIAL, CREMATION, REMOVAL 23 NAME OF CEMETERY OR CREMATORY 23b. DATE Mt. Auburn Cemetery Baltimore City, Maryland Burial DHMH - 16 50M 1/81 (VRA 15, 4) HERBERT E NUTTER FUNERAL HOME 3035W NORTH AVE



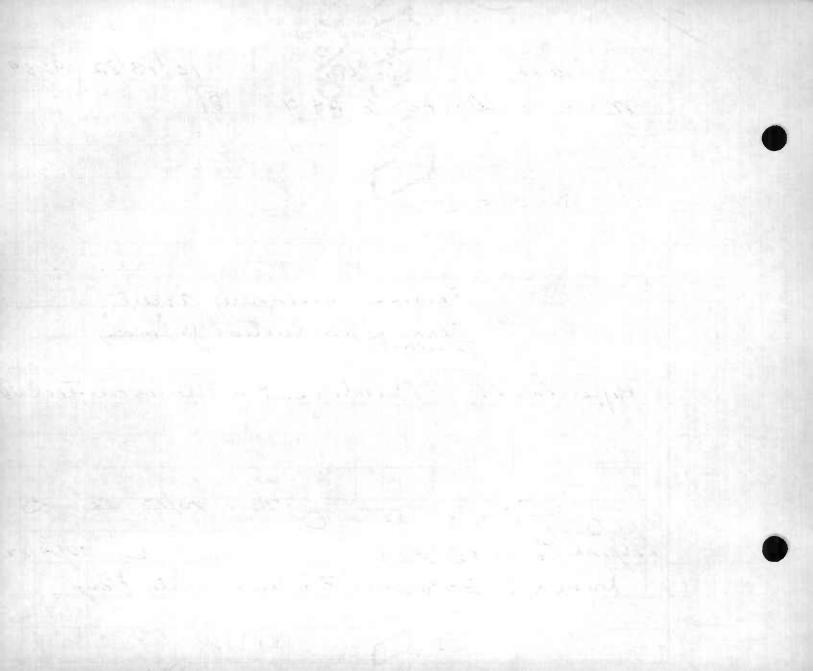
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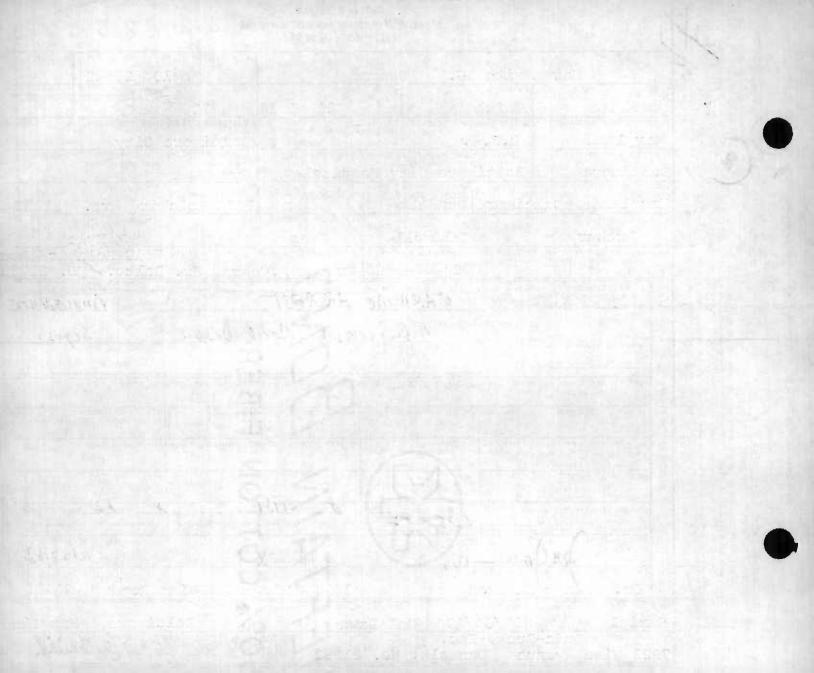
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🗐 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. FRST Dana DECEASED NAME Collins 20 DATE OF DEATH F. 2b. HOUR TYPE OR PRINT EXA 4 RACE 3 SEX 5 DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER LYFAR IF UNDER 24 HRS. a BIRTHPLACE **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED XX NEVER MARRIED Baltimore City Kentucky U.S.A. WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Baltimore City Hospital Motor Room Beth.Steel DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE, LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland Dundalk 7909 Trappe Road 21222 YES [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Collins John Mollv 16g. WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT 7909 Trappe Road (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 278-05-6681 Helen Collins Balto., MD.21222 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stating underlying couse OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERSORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO F YES 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21f LOCATION ō 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220 1/certify that (1) (this haspital) oftended the deceased from saw the deceased alive or and that in (my) (our) apinian death accurred on the date and have and from the causes stated abave (1) (we) (did) (and not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED be de. ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME ITYPE OF PRINT 22e. ADDRESS should by 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE Baltimore COUNTY Cremation 10/18/82 Greenmount Maryland 24 FUNERAL DIRECTOR Duda-Ruck, Inc ADDRESS DHMH - 16 60M 1/75 7922 Wise Avenue (VR A 15 (4)) Dundalk, MD. 21222



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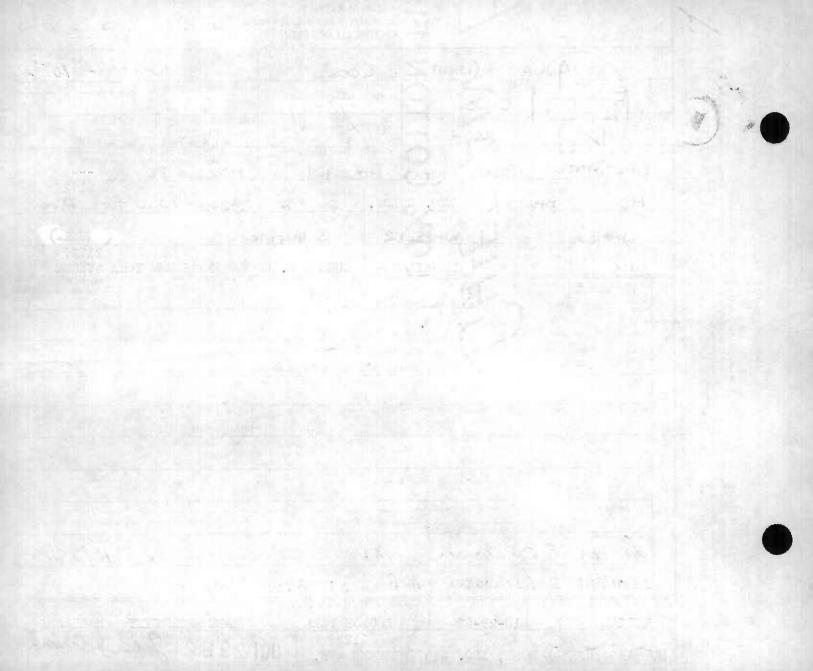


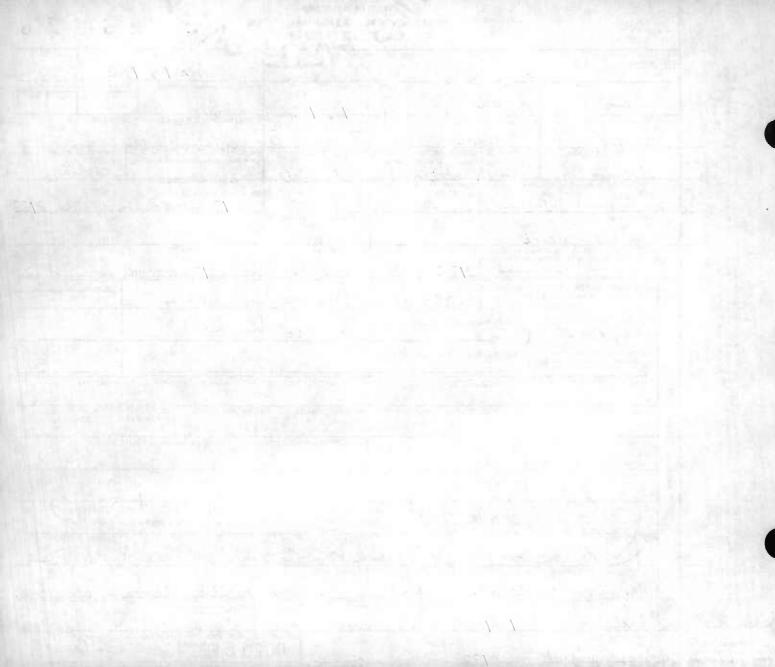
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110	TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE. WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHII TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US. AFTER DEATH, WITH THE STATE DEPARTMENT OF BAUTIMORE, MARYLAND, 21201 PRIOR TO BURIL	230	BURIAL, CREMA	TION, REMOVAL	23b. DATE		NAME OF CEA				23d. LOCAT	ION		cou	NTY	STAT	TE.
150;	PART 357	24	FUNERAL DIREC	TION, REMOVAL		Au	butus I	Memor	ial Pa	ark So. Date rec			25b. REG		NTY	MD	re
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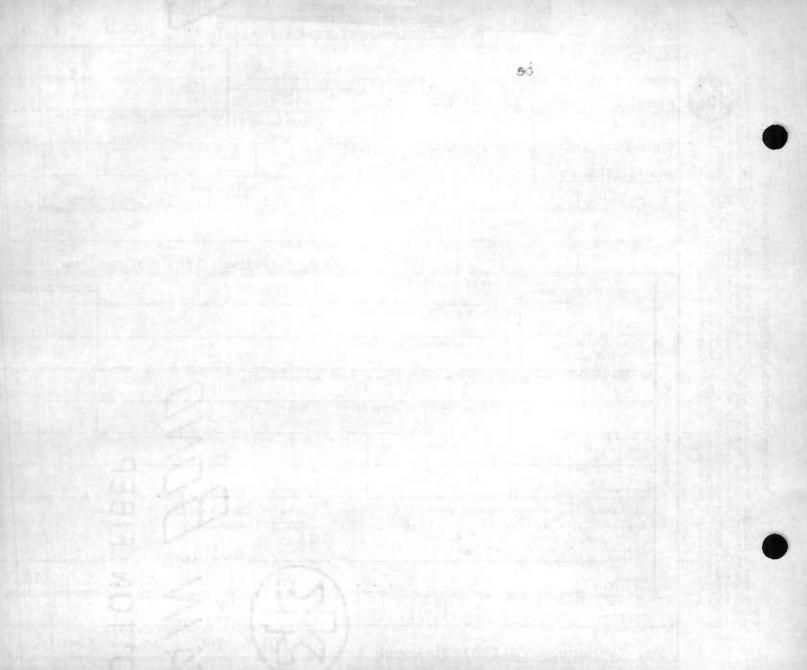




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oy the fu	10. CI	TY OR TOWN OF DEATH  BALTIMORE	11. NAME OF		NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF	F WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
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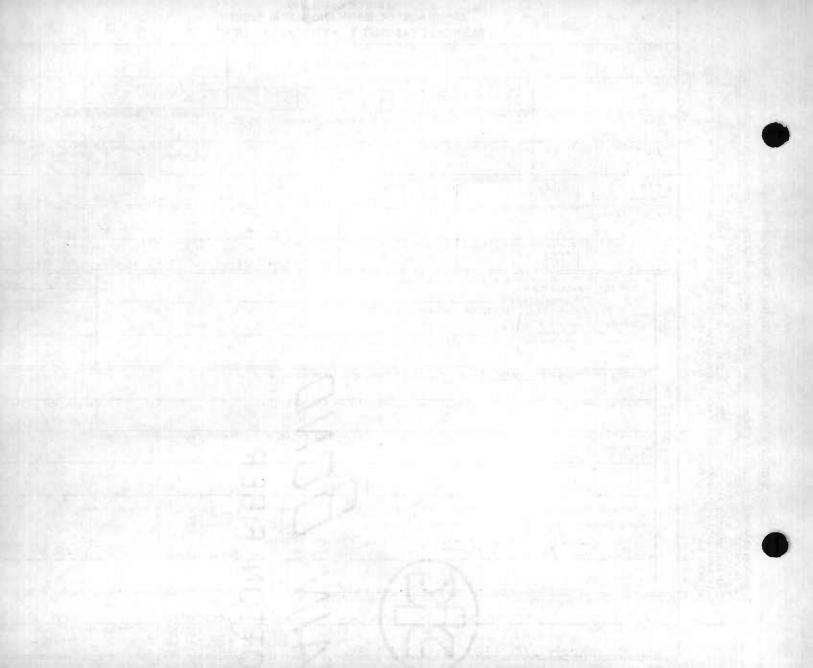
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BATIMORE, MARYLAND, 2120		y that I toak char	ge of the remains desc virol causes \( \text{J}, \)	Accident			_		Undet	Inquiry	onner	and in m	ATE	10/5	5/82
89 /	EXAMINER'S (TYPE OR PRII	NAME	Hormez	R. Gu	uard,M.	D. A	DDRESS	111	Penn	Stre	eet,B	alto	.,	MD 212	201
H S		TIÓN, REMOVAL			AME OF CEM					CATION					



-	1. DE	STATE REGISTRAR CEASED NAME FIRST	WIOOFE	STATE OF MARYLAND WENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH LAST	GIENE 3 201 LA	1 4 EW 7 (10 HOLD OF
EXAL		BB Coray			10-21 1982	8-37 m
	3. SE	× M	1. RACE	5. DATE OF BIRTH MONTH DAY VEAR 21 82	6. AGE (IN YEARS LAST BIRTHOAY)  // hours  YRS.	MONTHS DAYS HOURS A
nerol di p.72 h	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	Y OF DEATH
s offer o	E.C.	Baltimore	II. NAME OF HOSPITAL, NURSIN	OG HOME OR OTHER INSTITUTION ADDRESS) ANY DANG	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS ( INDUSTRY
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npletely ond 2 sh	J4. F.	ATHER'S NAME FIRST Kevin	MIDDLE CLAST	15. MOTHER'S MAIDEN NA FIRST Laurie		Covay
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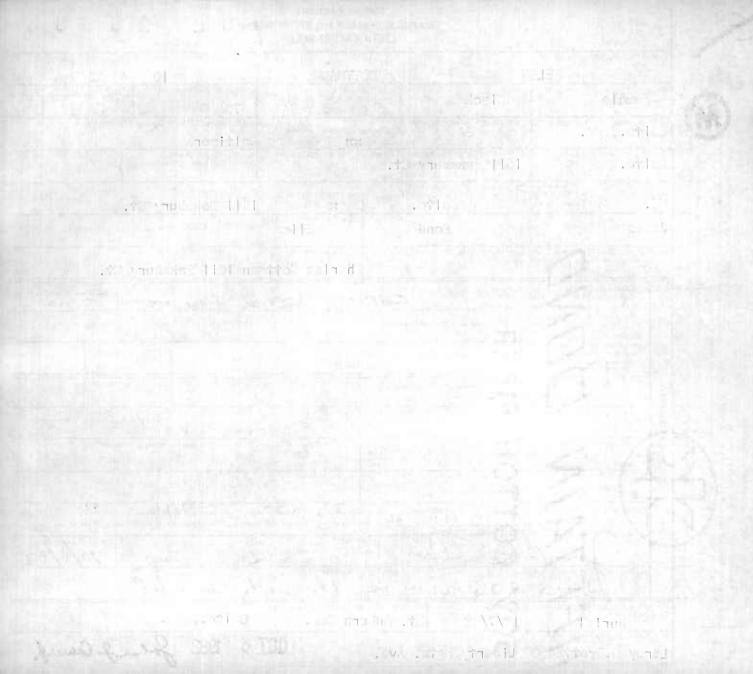
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR KNOWN X DECEASED NAME 20. DATE MONTH DAY 7h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED CorbertCorbit ) DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. DE FILED, WITHIN 72 HOURS 405, 201 W. PRESTON STREET, Cornell 25 19 82 10 E. 4 RACE 5. DATE OF BIRTH AGE LIN YEARS | IF UNDER 1 YR DAY 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 10 25 10 82 11:34 Black 11 67 14RS male 27 DEAD 76. CITIZEN OF WHAT COUNTRY? Ja BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City Maryland USA DIVORCED WIDOWED Y PM 3. RETAIN PAGE 5. IND 2 SHOULD BE FILED, V 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS IR CITY OR TOWN OF DEATH Baltimore University Hospital 136 COUNTY 13c CITY OR TOWN 134 THIS IDE CITY LIMITS? 13e STREET ADDRESS Baltimore NO [ 325 McMechen Maryland /St. Apt 102 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME II. PAGES 1 AND 2 DIVISION OF WITH MIDDLE MIDDLE LAST FIRST Calvin Shirlev Corbert Kindred GIVE PAGES In WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 146 SOCIAL SECURITY NO. 17. INFORMANT Apt. 102 (YES NO OR UNKNOWN) Shirley Kindred 325 McMechen St. NO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). CATE, WRITING THE WORD "PENDING" IN PENCIL IN LIEM 18.
FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WORLD SAFOULD BE USED AS A BURAL-TRANSIT PERMIT.
HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Gun shot wound of chest Weapon: Handgun DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 210 EXTERNAL CAUSE WAS HOUR A.M. MONTAPER OX AR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR UNDERLYING MEDICAL 10:27PM 10/2519 82 CONTRIBUTING CAUSE OF DEATH subject shot 21e PLACE OF INJURY (AT HOME II. LOCATION 214 INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P. STREET, FACTORY, FARM, ETC.) STATE NOT WHILE AT WORK Mechen Street.Baltimore AT WORK home 228. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Hamicide XX Undetermined manner death resulted fram: TITLE (SPECIFY) Assistant 10/26/82 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard MD Penn Street Balto MD (TYPE OR PRINT) **ADDRESS** 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) V Lansdowe BURTAL Md 10/30/82 Mount zion Cemetery 24 FUNERAL DIRECTOR 756 REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS (VR A15 ME (5)) 1101 E. north Ave C. march 20M 4/82



		Items #18a-22a Film G573 11/9/82 STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE														
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AND A PLANT		death resulted from: A Natural causes X, Accident , Suicide , Homicide Undetermined manner ,														
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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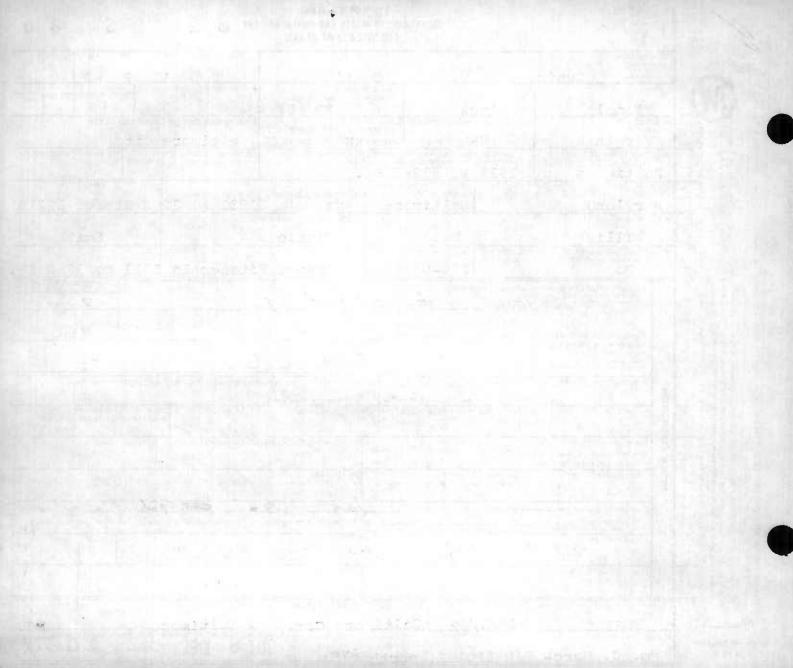
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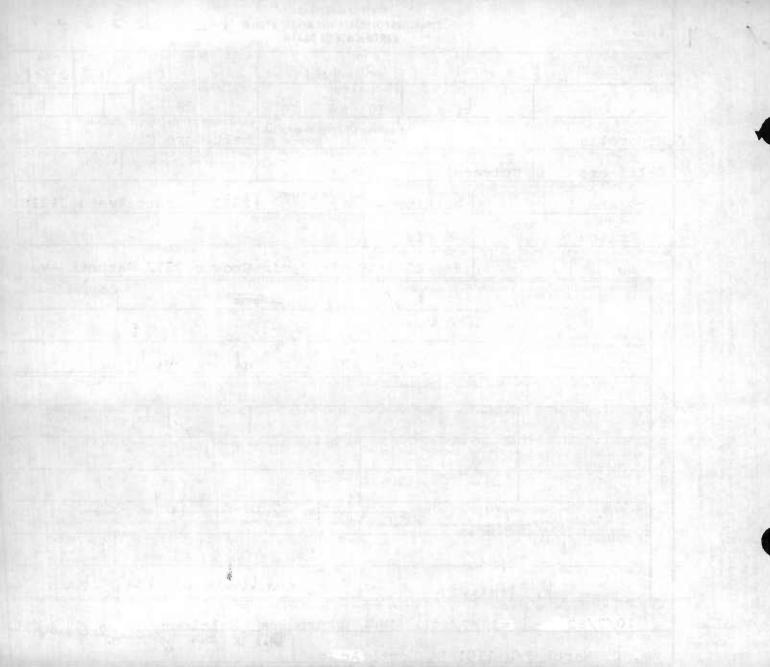
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST . DECEASED NAME 20. DATE OF DEATH MONTH YEAR DAY 2b. HOUR (TYPE OR PRINT) DREXELLA CROSBY OCT. 4, 1982 tail 0 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HPS MONTH YEAR Black 17 27 Female 55 YRS BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY BALTIMORE CITY Maryland USA WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR THE JOHNS HOPKINS LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland 2840 E.Federal St-21213 YESXX NO [ 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Johns Elmer Jackson Della 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-20-7590 Howard Crosby 2840 E. Federal St. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Pardiac arrest 5 minute IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF hemmorrhage Subarachnoid Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES NO [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 0 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from\_ 82, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive an above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c DATE SIGNED DEGREE when M ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN & NAME (TYPE OF PRINT) 22e. ADDRESS the the STREETEN, MD 230. BURIAL, CREMATION, REMOVAL 234, NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b, DATE BURIAL Mount Calvary Cem Baltimore 0/8/82 Md 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR DHMH - 16 50M 4/82 Wm.C.March F/H INC.1101 E.NorthAye (VRA 15, 4)

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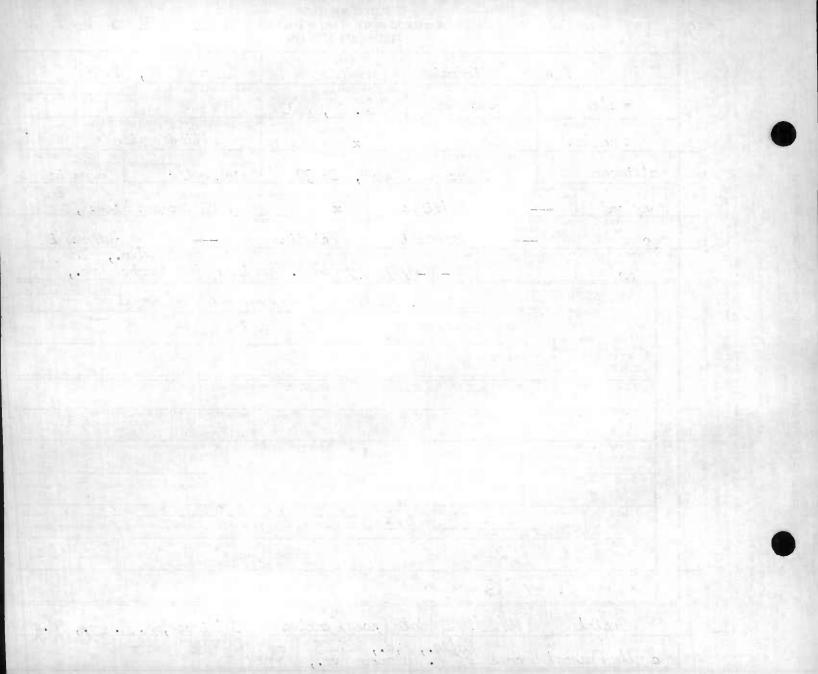
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALL.  ING PHYSICIAN: The low requires that the death certificate rottending physician.  Wher this certificate has been signed by the attending physicia as the buriol-tronsit permit. Then please remove carbon paper than and Mental Hygiene prior to buriol, cremotion, or removol. arked or tem 18 sharts any injury, or ather troumatic event, the	NOI	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OI    DUE TO, OI   DUE TO, OI   DUE TO, OI		ince of 1	mustof	mes ? ! hultiple ! M MINAL DISEASE OR CONE	YLLIN YLLIN DINON GIVEN	IN PART 110	
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907BP		SPECIFY) BURTAL				Arburn Cer		r@	OUNTY	STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)		INERAL DIRECTOR  M. C. March	F/H 11	01 E. No	orth	Aye	TERESO. BY LOS CRAR		O DIGNATUR	



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		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	THE WAY
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
to to	TITPE			Cullev	10/29/82	7 • 1 7/10
, page 3	3. SE.	, Joh	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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and the	10. C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	AG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LE	126. KIND OF BUSINESS OR INDUSTRY
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+	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
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	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M.	211. LOCATION		
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		220.1 certify that (I) (this has	pital attended the deceosed from	1021 1982		19 S. 2 , that (1) we last
		sow the deceased alive a	on 10 27 19 3	ond that in (my) (our) opinion	death occurred on the date and had	or and from the causes stated
		22b. SIGNATURE	not) view the body after death.	DEGREE		224. DATE SIGNED
E .		0	1 lon MD	ATTENDING	MEDICAL STAFF 1	10/20/87
		1/6	Litter	PHYSICIAN [	DIRECTOR PHYSICIAN	10/24/02
MPORTANT		226. PHYSICIAN'S NAME TITE	OR PRINTS	220 ADDRESS		11 -
2		A	HEHEN	JOHA	US HOPKINS	FOSPITAL
3	23a. E	SURIAL, CREMATION, REMOVA	AL 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST . DECEASED NAME KNOWN X 2b. HOUR (TYPE OR PRINT) ESTI-OF PRESTON STREET 82 DEATH MATED JANIE **CUNN I NGHAM** 10 19 Vernell JOHN STREET STRE 4. RACE AGE (IN YEARS IF UNDER 1 YR. 2d. HOUR 3. SEX IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 2:24 19 82 37 DEAD Black ам Female. To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY United States Baltimore City North Carolina WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 178 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Automotive Bus Driver PM 3. RETAIN PA ND 2 SHOULD BE F VITAL RECORDS. Baltimore South Balto. General Hospital 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS COUNTY 13c. CITY OR TOWN 30 STATE Clinton P.G. Clinton 5209 Sumpter Ct. Maryland NO [ 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME GES 1, M PM MIDDLE LAST MIDDLE AND Johnson Beaulah Clanton GIVE PAGES //ITH FORM P PAGES LAN William 17. INFORMANT Husband 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 5209 Sumpter Ct. DIVISION 579 58 0480 Bradford Cunningham-Clinton, Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Transected thoracic IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 INER: THIS CERTIFICATE WORD THE WORD THE CHIEF MEI FORWARDED TO THE CHIEF MEI CTOR: PAGE 3 SHOULD BE USED AS THE PAGE 3 SHOULD BE USED AS THE STATE DEPARTMENT OF HEALT OF THE STATE DEPARTMENT OF BURIAL, CT. 190 DATE OF OPERATION 10h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES NO [ 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING A OR CONTRIBUTING Cause of Death 1:35 xx 10-10-19 82 Driver in auto/auto collision. 21e PLACE OF INJURY EXECUTE THE CERTIFICATE. WHILING APPGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 32 AFTER DEAH, WITH THE STATE DEF BALLIMORE, MARMAND: 21201 PF STREET, FACTORY, FARM, ETC.) COUNTY STATE AT WORK Balto Md AT WORK bridge Kev Bridge 220 I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted fran Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 10-10-82 Assistant MEDICAL EXAMINER SIGNATURE ADDRESS 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME Ann M. Dixon, M.D. (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE Henderson, North Carolina STATE (SPECIFY) 10/16/82 Gaines Funeral Home Removal BP. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 ALEXANDER S. POPE-2617 Ave., S.E. Wash., DC Pa WR A15 ME (5) 20M 4/B2

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🕺 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 26 HOUR 20 DATE OF DEATH DECEASED NAME YPE OR PRINTS 10 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH - ALE HITE 10 1902 70. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED POLAND USA BALTIMORE CITY WIDOWED DIVORCED CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE SINAI HOSPITAL MERCHANT RETAIL LIGHT RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e. STREET ADDRESS 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 3601 CLARKS LANE APT. 111(2121; YES X NO T 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME **ABRAHAM** CYTRYN **GOLDA** SIERATZKI 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 16n WAS DECEASED EVER IN U.S. ARMED FORCES? (21215)(YES, NO OR UNKNOWN) 212-36-3437 Mrs. Reva Cytryn 3601 Clarks lane Apt. 111 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY HRREST GRDIAC IMMEDIATE CAUSE (0), DUE TO, OR AS A CONSEQUENCE OF SCHERE A UNDERLYING HEART DIEASE Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN EART TIO PIMALL BOWEL REJECTION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY 8 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21s. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this haspital) gittenfed the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the bady after death. and that in (my) (our) opinion death accurred on the date and hour and from the couses stated 22c DATE SIGNED DEGREE AM 9153 MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e. ADDRESS 224. PHYSICIAN'S NAME (TYPE OR PRINT) d b G. GILLIAM, M.D. SINAI HOSPITAL, BALTIMORE, MD. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL / REMOVAL 10/26/82 JERUSALEM, ISRAEL MT. OF OLIVES SOL LEVINSON & BROS. REGISTRAR 25% REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215) (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 2ª DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINTI 82 305 -WAN 3 SEX 4 RACE S. DATE OF BIRTH . AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR MONTHS DAYS HOURS Male White June 30. 1909 TE BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** L CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY United States Ukraine WIDOWED DIVORCED T Baltimore City IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Baltimore City Hospital Kitchen-worker Restaurant USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore S. Collington Ave. (21231) YES X NO [ 219 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Iwan Czernysz Katherine Solanik ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) NO 214 Margate Dr. Nina Czeczulin APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Arrest Mihutes Kaspiratory IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Days Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause Carcinems of the Colon Years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ils certificate has ial-transit permi fental Hygiene p IN CERTIFYING CAUSES OF DEATH? NO YES [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21s PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC | CITY OR TOWN STATE NOT WHILE WHILE AT WORK AT WORK 22a | certify that (1) (this hospital) attended the deceased from\_ saw the deceased alive an. , and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED 226. SIGNATURE DEGREE 28 Oct 1980 MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT FUNERA uld be de h the Stal 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS City Hospital. 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL STATE CITY OR TOWN Nov.6,1982 St. Andrews Cemetery Burial Baltimore Co.. Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ... 24 FUNERAL DIRECTOR **DHMH-16 25M** Lilly & Zeiler Inc. 1901 Eastern Ave. (VRA 15, 4) 1/79

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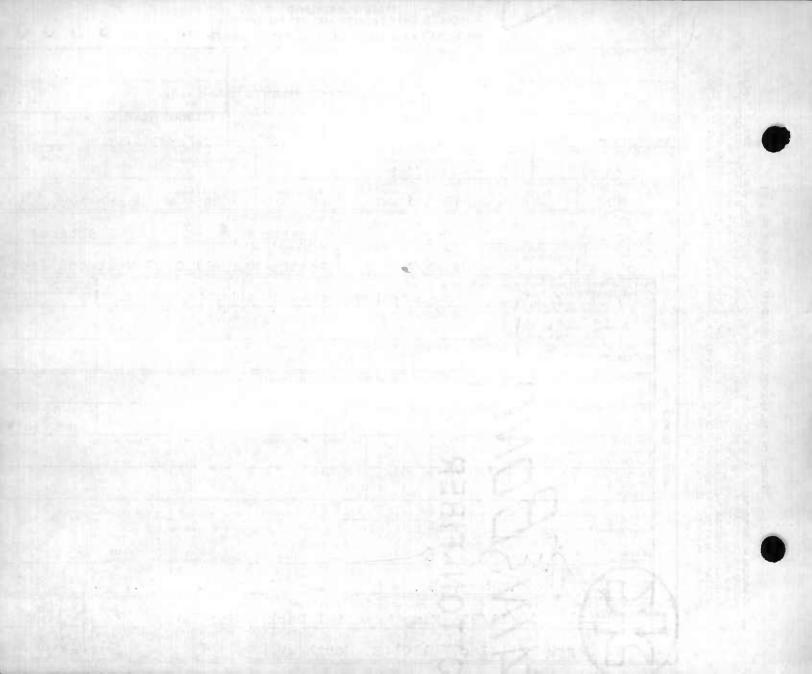
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-OF Kevin Patrick Daly DEATH MATED 10 5. DATE OF BIRTH 4 RACE 6. AGE (IN YEARS IF UNDER ) YR. IF UNDER 24 HRS 2d HOUR 7c. DATE PRONOUNCED May 11, 1964 Male White 82 1:50 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OT IN SUCH FACILITY, GIVE STREET ADDRESS)
University Hospital Student STU Baltimore Maryland 13d. INSIDE CITY LIMITS?
YES NO TO Ballimore 1801 Oakmont Rd. 21047 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Daly, [AST Jr. Marjorie Cramblitt Eugene 166 SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 190-60-7959 Mr. Eugene J. Daly, Jr., same as #13e CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 219 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR pedestrian struck by automobile EXECUTE THE CERTIFICATE, WRITING TO PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHOU AFTER DEATH WITH THE STATE DEPART BALTIMORE, MARWAND 21201 PRIOR CONTRIBUTING CAUSE OF DEATH 10 - 283M. PM 10/27 82 RTE 152, South of PleasantvilleRd, Bart.Co.MD Tart WHILE AT WORK street Autopsy XX. 220 I certify that I took charge of the remains described above, held an Inspection \_\_\_\_\_\_, Inquiry \_\_\_ and in my apinian Accident XX death resulted from: Suicide Homicide \_\_\_ Undetermined monner TITLE (SPECIFY) ACTUAL 10/30/82 Assistant SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street, Balto., MD 21201 Hormez R. Guard.M.D. TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236 DATE Burial 11-1-82 Gardens of Faith Baltimore Co. Maryland BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Ruckar Towson Funeral Home, Inc. Towson, Md. 21204 **DHMH - 17** (VR A15 ME (5))

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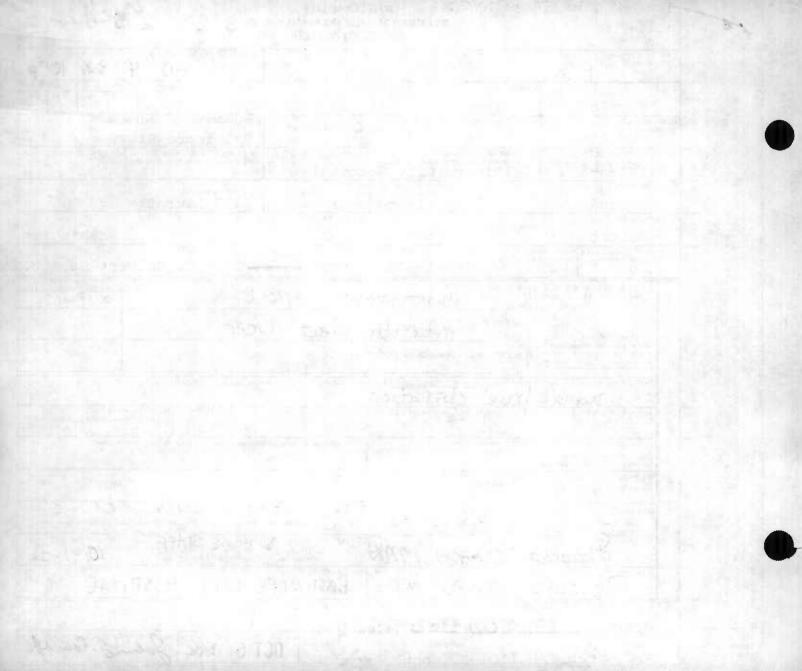
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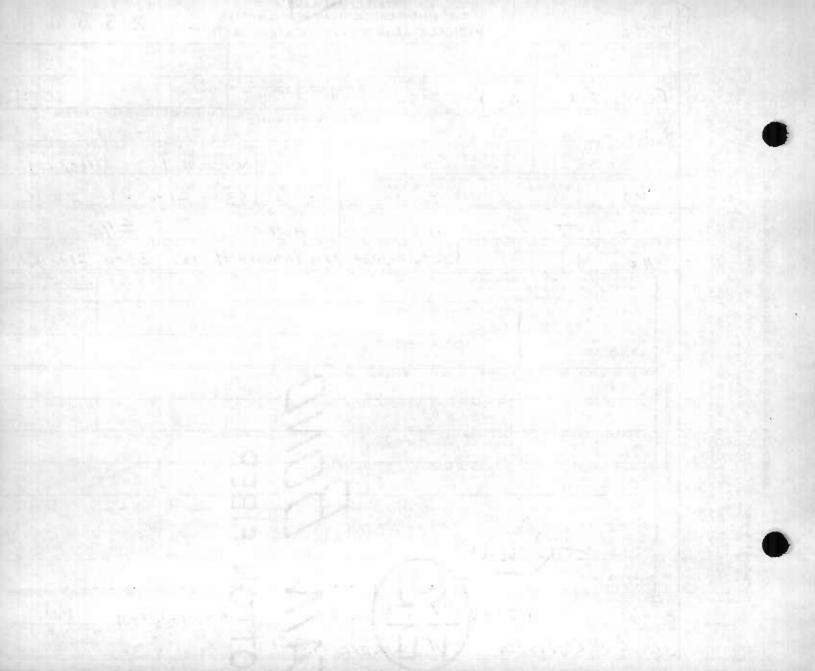
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIU ATTENDING PHYSICIAN: The law requires that the death certificate itel or attending physician.	has been signed by the att ermit. Then please remove ne prior to burial, crematic	or item 18 shows any injury, or other traumatic	WEDICAL CERTIFICATION	Conditions, if ony, white gove rise to immedia couse (a), stating 11 underlying couse lost of the cous	DUE TO, Co.  the	OR AS A CONSEQUE  ON TRIBUTING TO I  ONTRIBUTING	ENCE OF	NOT RELATED TO WAS PERFORE	TO THE TERMI	ncer	206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES (	GS USED
DIVISIO UDING P	After these the builth and M	marked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION		CITY OR TO	1.,	COUNTY	STATE
HOSPITAL OR ATTEN	ERAL OIRECT detached for State Dept. of	PORTANT: If Item 21 is		22a   certify that (I) (this sow the deceased ali above, (I) we) (did) (c) 22b. SIGNATURE	ve on did not) view the bod	1111		AT PH 220 ADDRESS	TENDING HYSICIAN	Leoth occurred on the color of	ote and hour	22c. DATES	
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	DHMH-16 2 /RA 15, 4)		V	m.C.March	F/H 1101		th As	renue	QC	T 5 1982	John	nd lo	early



AN	1.	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 2	2560
/( /-	11.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0.
m.s-		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26. HOU
y be			rence LEROY	Davis		10 12 82 25
ecto peo	3. SE	MALE	4. RACE White	5. DATE OF BIRTH  MONTH  DAY  YEAR  0 7 08 30	6. AGE FIN YEARS LAST BIR	THDAY   IF UNDER 1 YEAR IF UNDER 1 MONTHS DAYS HOURS
Pour l'air	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
eoth in 72	SL	EECO. VA:	USA	WIDOWED DIVORCED		ity
within with	7	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATE	ON 12b. KIND OF BUSINES
s of	K F	Baltimore	l lel / 1 1	land Hosp,	Salesman	
hour lin be in	130.	AL RESIDENCE (IF NURSING HOME OF	DR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ADMISSION) /N 134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	
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tely 2 sh		THER'S NAME FIRST		15. MOTHER'S MAIDEN N	AME	
ample ond		ASHER	E. DAIA	EVA	WIDDLE	TUCKER
		VAS DECEASED EVER IN U.S. A			ADDRE	
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The law re- ician.  Ite has been nsit permit. T giene prior i	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
ZASSTE	ı i	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D.	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART   OR PART 2)
SICIA ng pt certifi rial-ti entol	14	OR CONTRIBUTING CAUSE OF DI	EAIR	19		
G PHYSICIAN: ottending physician this certifical s the burial-tran ond Mental Hy ked ar Hem 18:	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME: STREET, FACTORY, OFFICE I	211 LOCATION	CITY OR TO	WN COUNTY SI
or otten After the e as the alth and marked.	Σ	AT WORK NOT WHILE	TAT HOME STREET, PACTORY, OFFICE P	ARM EIC)		
Af or		22a. I certify that (I) (this hosp	pital) attended the deceased from_	Sept 7, 19 8		121, 19 82, that (V (V
ATTENDI aspital as ECTOR: A d for use t. of Heal m 21 is m		sow the deceased alive a	on Oct 12	82, and that in (my) (our) opinion	death occurred on the de	ote and hour and from the causes sta
× + × + + +		226 SIGNATURE	0 00	DEGREE		22c. DATE SIGNED
TAL O yy the RAL D detoc tate D	4	Jeff.	grey abrams	M.D. ATTENDING	MEDICAL STAP	IAN DE 10/12/82
P D S S S		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		1
TO HOSPIT etoined by TO FUNER should be a with the Str	3	Jeffrei	Abrams	20 S. Gree	me St.	Balt. Md 2122
5 % S & X	23a	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		SPECIFY)		ILVER LEAF CEN	. CITY OR TOAK	LEE VA
DI		BURIAL	11010	I - Y CK CEMP CEM	1110001111	
DHMH - 16 50M 4/82	24. F	INERAL DIRECTOR F 64	TRNES ADDRESS	21018 2500	TEREC'D. BY REGISTRAR 1 3 1982	256 REGISTRAR'S SIGNATURE

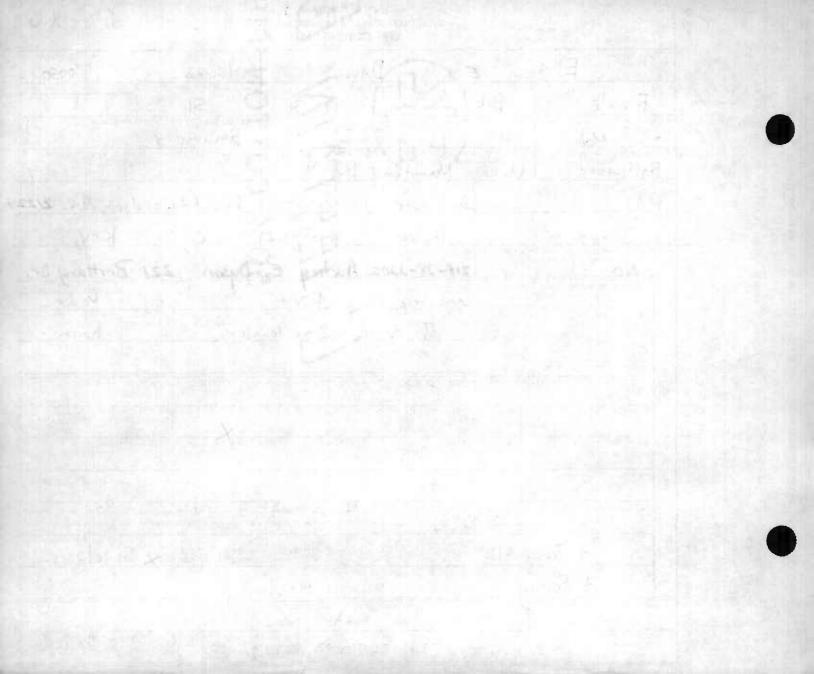
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO MIDDLE 1. DECEASED NAME KNOWN 7h HOUR (TYPE OR PRINT) Delores Davis OF ESTI-10 30 10 82 S AFTER DEATH. IN ANY DELAY IS NECESSARY, PLEASE GIVE PAGES 1.2, AND 310 THE FUNERAL DIRECTOR. THE FORM PW. 3. RETAIN PAGE 5 FOR YOUR FILES. PAGES 1 AND 25HOULD BE FILED, WITHIN 72 HOURS IVISION OF VIMALRECORDS, 201 W. PRESTON STREET, DEATH MATED MONTH SEX 4. RACE IF UNDER 1 YR. DAY DATE OF BIRTH 6. AGE (IN YEARS IF LINDER 24 HRS 2d. HOUR DATE 20. LAST BIRTHDAY PRONOLINCED 19 82 :33 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED Baltimore WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS OR INDUSTRY Baltimore Alto Road Nurses A: USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md 300 ALTO 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE ett 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. Gr. 3 WITH FOR \*IT, PAGES I IN SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) MEDICAL EXAMINER ALONG W AND MENTAL HYGIENE, ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Carcinoma of ovary IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9) CERTIFICATION USED AS 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES [ NO X 8 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 SHOULD HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT WORK AT WHILE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: STREET, FACTORY, FARM, ETC 1 CITY OF TOWN COUNTY STATE MARYLAND, 21201 22a. I certify that I taok charge of the remains described above, held an Autopsy Inspection Notural causes XX death resulted from: Accident Homicide \_\_\_\_\_\_\_\_ Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER R DEATH, IMORE, M 10/30/82 SIGNATURE EXAMINER'S NAME AFTER I Hormez R. Guard, M. DADDRESS 111 Penn ST.Balto..MD 21201 (TYPE OR PRINT) 23c, NAME OF CEMETERY OR CREMATORY Burio 24. FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5)) 20M 4/82



9	1	FOR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H	YGIENE 8 2	2 5 6	0 5
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, TE		PEOR PRINT)  DENMON	IIQUE	DAVIS	OCT. 28		12:55
7 3000	1, 50	E	1. RACE Slink	5. DATE OF BIRTH 1980	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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Se house	130.	STATE 13b. COU!	ROTHER INSTITUTION GIVE RESIDENCE INTY		13e. STREET ADDRESS	Belles	71-
300	1	Doddie	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	Foots	iT .
31		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL (	SECURITY NO. 17. INFORMANT	ADDRE -	1514 Bet	hel 87,
ice, that the death of gred by the attending in please remove comburial comparion, or try, or other travenant		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONS  (b) CONS  DUE TO, OR AS A CONSI  (c) CONDITIONS CONTRIBUTING		Arrest  H disease  RMINAL DISEASE OR CONI		e birth
he law regu ont has been si I permit. The tare prior to days ony mu	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WH	TICH OPERATION WAS PERFORMED	. 20a AUTOPSY? YES ▼ NO[]	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	
SCIAN 3 na physic certificate entol Hya ltem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	JRRED (ENTER NATURE OF INJUI	Y IN ITEM 18, PART 1 OR PART 2)	- 28.22
NG PHY attendi ther this as this bi th ond M arked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	?Te. PLACE OF INJURY {AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TO	VN COUNTY	STATE
ATTENDI Applied or CTOR. A d for use of Neoline				om <u>OC+ 1</u> , 19 8 9 8 2, and that in ( <u>mv</u> ) (aur) apinia	n death accurred an the do	ite and haur and fram the	that <u>(1)</u> (we) last causes stated
TAL OR by the hu RAL DIRE detocher that Dep		Horni 2.	Merrich	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		18/82
O HOSPI foliosed b o FUNE hauld be the Si		HENRY F. Me	ERRICK	27e. ADDRESS Le 01 N	Broadway	CMSC-4	
07BP	232	BURIAL CREMATION, REMOVAL	11/2/8n	136. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	LIL COUNTY /	STATE .
DHMH-16 30M 2/80 (VRA 15, 4)	24. F	UNERAL DIRECTOR	\$0101ADR	55 1 1 1 A 1 250. D	ATE REC'D. BY REGISTRAR OCT 2 9 1982	REGISTRAR'S SIGNAT	URE.

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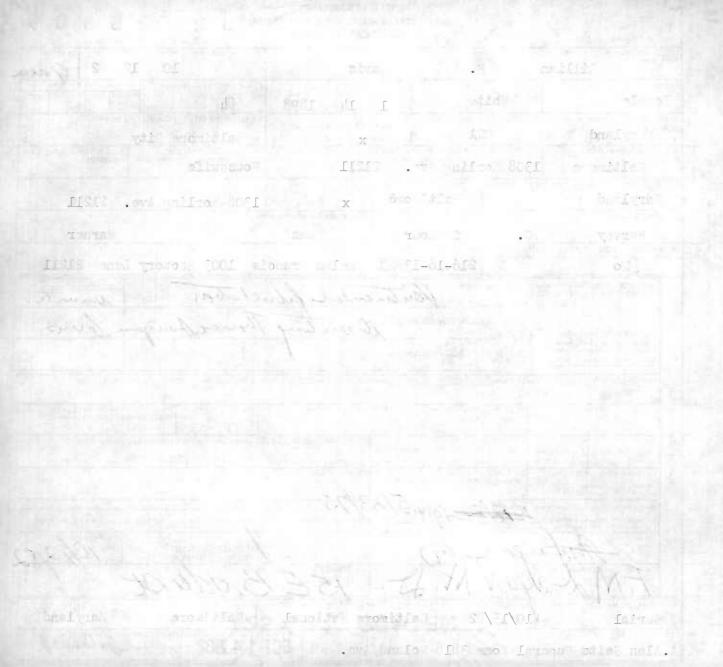
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		CEASED NAME FIRS	51	MIDDLE	L	ST		20. DATE O	F DEATH MONTH	DAY YEAR	2b HOUR
5 4	(TYP	e or Print) Henry	1	T.	Do	vis		0	rtober	1/1 1982	12:36 P
0.00	3. SE		4 RACE	D.	5. DATE O	F BIRTH			(EARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
師何)		MALE	NE	GRO	MAR	DAY 5	1913	69	YE	MONTHS DAYS	HOURS MIN.
P. L.		IRTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	8		MARRIED -	9 BALTIMO	RE CITY OR COU		
3/11/		COUNTRY) OUTH CAROLINA	US	of A	WIDOWE		NORCED [	Bal	ltimore C	City	MD.
170		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME O	R OTHER IN	STITUTION		OCCUPATION K FOR MOST OF WORKIN		F BUSINESS OR
1/2	Ba	altimore	Maryla	ind Genera	al Hos	pital		RE	TIRED		WORKER
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<b>5</b> %()(		THOMAS	HENRY	DAVIS			EBBIE		27.50-1	ASHFOR	
medical		WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORM			ADDRESS		1216
E		NO		215 09 1	180	MRS.	BERTHA	DAVIS	1511 POI	PLAR GROV	
Ť.		18. CAUSE OF DEATH (En	ter only one cause per	line for (a), (b), an	d (c)					BETWEEN	MATE INTERVAL ONSET AND DEATH
0 < 0 = 0			EDIATE CAUSE (a)	cute Res	pirato	ry Fa:	llure				
ofic		4960	DUE TO, Q	R AS A CONSEQUI	NCE OF						
50		Conditions, if any, whi		hronic Ol	struc	tive l	Pulmonar	y Dise	ease		
other tr		gave rise to immedia couse (a), stating the underlying cause la	he DUE TO, O	R AS A CONSEQUI	ENCE OF						
o burio jury, or	z	PART 2. OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEAS	E OR CONDITION	GIVEN IN PART 10	0.
ony in	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION	WAS PERF	ORMED	20e AUTO	OPSY? 20b. IF	YES, WERE FINDING CAUSES	NGS USED
S O	IE							YES 🗌	NOXX	YES [	NO [
18 sh	] 🗑	21a. ACCIDENT WAS UNDERLYIN	140110 4	FINJURY M. MONTH D.	AY YEAR	21c HOW I	NJURY OCCUR	RED (ENTERN	ATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
Fea	AL	OR CONTRIBUTING CAUSE	OFDEATH	M.	19						
ō	MEDICAL	21d. INJURY OCCURRED		OF INJURY	ADAG STC 1	211 LOCAT	ION	PANO	CITY OR TOWN	COUNTY	STATE
rked	Σ	WHILE NOT WHILE AT WORK	] [AT HOME ST	REET, PACTORY, OPPICE, P	ARM, ETC.)						
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21 8		saw the deceased ali above, 😭 (we) (did) (3	ye on	ofter death	52 , on	d that in (my	v) (aur) apinion	death accurre	ed on the date and	hour and from the	couses stated
E =	1	226 SIGNATURE	To the wife odd	A A a	[	EGREE		-17-17		22c. DATE	SIGNED
<u></u>		Bruce 1	Porul 1.	Soller	ins		PHYSICIAN [	MEDICAL DIRECTOR	STAFF PHYSICIAN	101	14/82
Z	1	224. PHYSICIAN'S NAME	(TYPE OR PRINT)			220 ADDRE					
IMPORT		Bruce Paul	Bollens, M	.D.		c/o M	farvland	Gener	al Hospi	tal	
3	230	BURIAL, CREMATION, REM			NAME OF C		CREMATORY	23d LOC	ATION		
2		(SPECIFY) BURIAL	10/18	/82 AF	BUTUS	MEMOR	MIAL PAR		LTIMORE	(BALTO.)	STATE
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LOUIS T. COLON 4517 PARA MILITES AVEIL

(VRA 15, 4)

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Anatomy Board

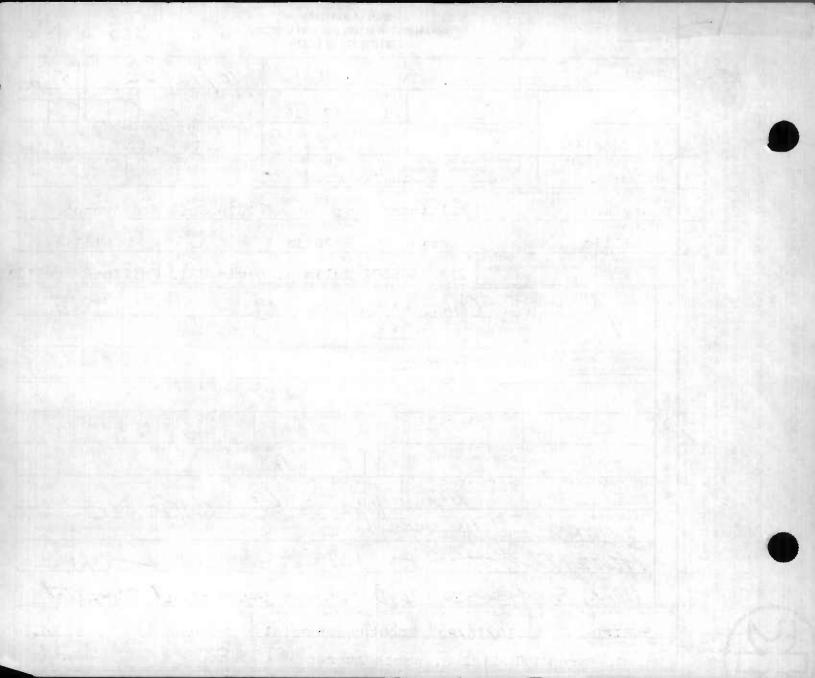
(VRA 15. 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 10 6 AGE LIN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH Balto. City 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Saleslady 13e STREET ADDRESS LAST ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY F 2. and that in (my) (our) opinion death accurred on the date and haur and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN BALT, more CITY OR TOWN COUNTY STATE 10/17/82 250. DOTAREC'D. BY REGISTRAR 25 TEGISTRAR'S SIGNATURE Balto., Md.

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1	1				OF MARYLAND			
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		OR PRINT!		D			9 28 82	2b. HOUR
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	3. SE	ema le	BLACK	MONTH 02	24 24	58	YRS.	
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20	10.6	ALTIM ONE	11. NAME OF HOSPITAL, N	URSING HOME OF	MAMLAJD	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Housewife	N 12b. KIND (	OF BUSINESS OR
3	13a.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	to expert upposes		TH STD
-	14. F/	THER'S NAME	UTO UTY DA	O Intime	YES NO 1		00100101	17( 31)
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9	16a. V	Preston M.	artin RMED FORCES? [16b. SOCIAL	SECURITY NO.	17. INFORMANT	ADDRESS		12 3070
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		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ED BY:	HUDIAC	ARNEST		BETWEEN	S MIN
5		IMMEDIA'	TE CAUSE (a)	HUUIAC	Mauesi			3 19121
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		cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF				
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-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	INGS LISED
9	5	DATE OF OFERANDIN	The CONDITION TOR II	THE POPERATION	WAS TENI ORMED		IN CERTIFYING CAUSE	ES OF DEATH?
4	- 5	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		21c HOW INJURY OCCUR	YES NO	YES	NO 🗌
0	0	OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	THE HOW HOURT OCCUR	LENIER NATURE OF INJURY	PHEM IS PART I OR PART 2)	
7	δ	(IF EITHER, NOTIFY MEDICAL EXAMINER		19	ALL LOCATION			
/	WEDIC	214 INJURY OCCURRED	210. PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OF TOWN	COUNTY	STATE
	1	AT WORK NOT WHILE AT WORK						
E C	1	22a L certify that (I) (this hospi		0 -	, 17			, that (I) (we) las
	1	sow the deceased plive on abave, (1)(we) (did) (did no	ot view the bady after death.	19 <u>82</u> , on	d that in (my) (our) opinian	deoth accurred an the date	and hour and fram the	ie causes stated
Ē		22b. SIGNATORE			DEGREE			TE SIGNED,
- CKIAN	1	So Chip	HNE BOM MJ		ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA	NO 9	128/82
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1		I alma Sc	HREIBER		22 5.6	NEENE ST.		
+	73e	BURIAL, CREMATION, REMOVAL		1230 NAME OF C	EMETERY OR CREMATORY	234 LOCATION		
		(SPECIFY)		F 3		Mahhin	COUNTY	STATE
	The same of the same of	urial UNERAL DIRECTOR	110/3/82	LSt. E	lizabeth Ca	E REC'D. BY REGISTRAR 25		ATLIPE
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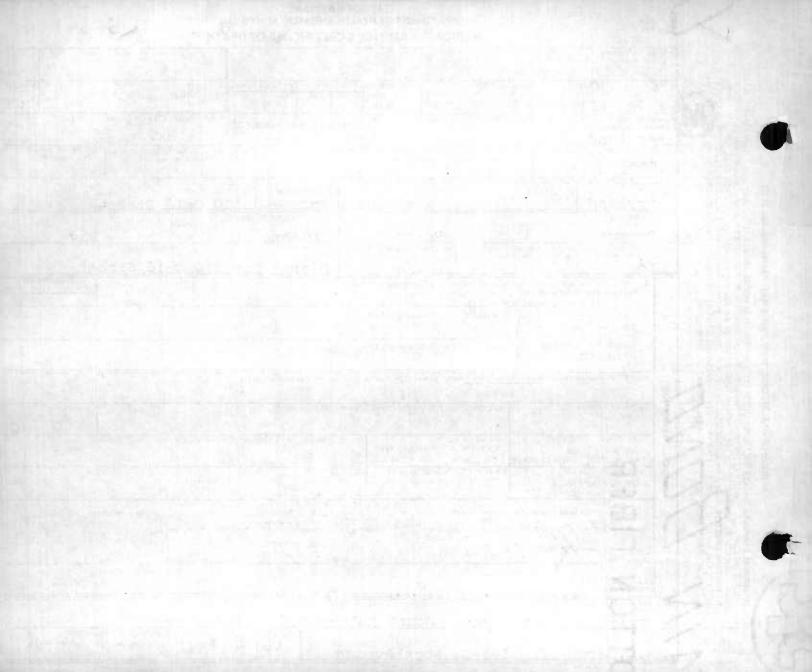


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no. Ins been si permit. The me prior to ws any inju	FICATION	19a date of operation	19b. CONDITION	FOR WHICH C	PERATION	WAS PERFOR	MED	20a AUTOPSY?	20b. IF IN CER	YES, WERE	E FINDIN	IGS USED	H?
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L OR ATTENDING PHYSICIAN: The Ich the hospital or attending physician.  L DIRECTOR: After this certificate has stocked for use as the burnal-transit per e Dept. of Health and Mental Hygiene.  If them 21 is marked or Item 18 shows.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTION OF CAUSE OF I 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINATION OF CAUSE AT WORK  220.1 certify that (I) (this hose saw the deceased alive obove, (I) (we) (did) (did)	21b TIME OF INJ DEATH HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA spital) attended the dec an nat) view the body after	JURY MONTH DAY  JURY ACTORY, OFFICE, FAR	YEAR 19 RM, ETC.)	210 LOCATION 211 LOCATION STREET  that in (my) (compared to the compared to th	URY OCCURR  N  19	200 AUTOPSY? YES NO ED (ENTER NATURE OF	20b. IF IN CER	YES, WERE RTIFYING ( YES  IB PART LOR  CO  2, 19 haur and f	E FIND IN CAUSES	S USEC OF DEAT NO C	H?
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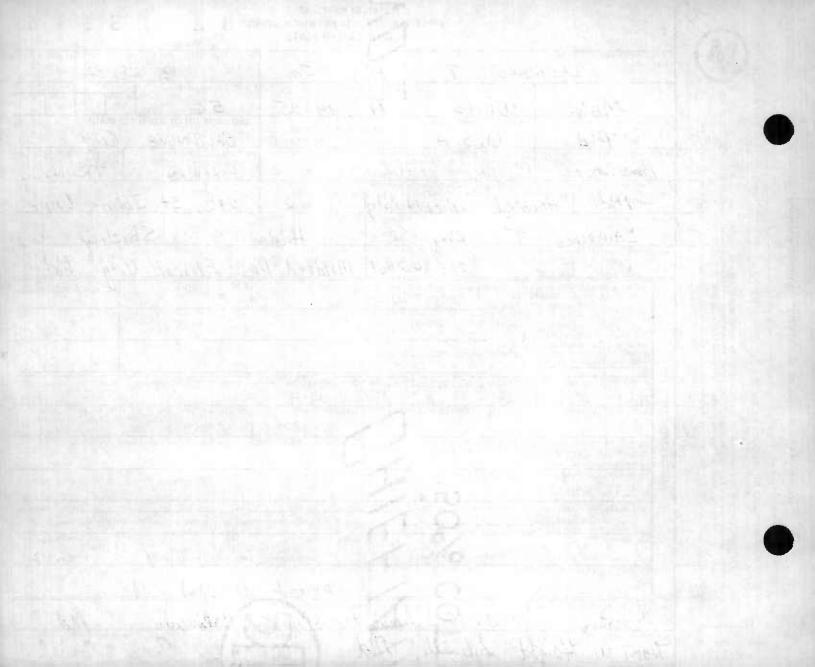
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO I. DECEASED NAME KNOWN X MONTH 20. DATE 2b. HOUR LTYPE OR PRINTI OF ESTI-82 Gary Day DEATH MATED 10 5 19 HTMON 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DAY 2d HOUR DATE YEAR LAST BIRTHDAY) MONTHS PRONOUNCED 82 2 10 8 DEAD male Black 8 79 3 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City Maryland WIDOWED DIVORCED USA CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 502 E. 21st Street OR INDUSTRY FOR MOST OF WORKING LIFE Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13e. STATE 13b COUNTY 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? M.3. RE. D.2.SHC 610 Gold Street Marvland Baltimore YESTE NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF WITH MIDDLE LAST FIRST LAST MIDDLE Robert Howard Dianna Day GIVE PAGES ITH FORM I MAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) Dianna Day 610 Gold Street No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BURIAL - TRANSIT PERMIT. PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE, ATION, OR REMOVAL. Smoke inhalation JAMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEN lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION ICATE, WRITING THE WORD "PER FORWARDED TO THE CHIEF N FOR PAGE 3 SHOULD BE USED. A THE STATE DEPARTMENT OF HEL AND, 27201 PRIGR TO BURRAL, C 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [ 21a, EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 1:47AM 10/5 19 82 housefire 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME II. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH LISTATE DE BALTIMORE, MARY LAND, 37201 PI AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) 21st Street Baltimore, MD home Inspection XX 220. I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my apinian death resulted fram Accident LXX Undetermined manner Suicide TITLE (SPECIFY) ACTUAL Assistant 10/5/82 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street Balto MD 21201 TYPE OR PRINT 23a, BURIAL, CREMATION, REMOVAL 23b DATE 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE Mount Auburn Cem Md BURATI Baltimore BP 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) E. NorthAvenue Wm.C.March F/H 1101

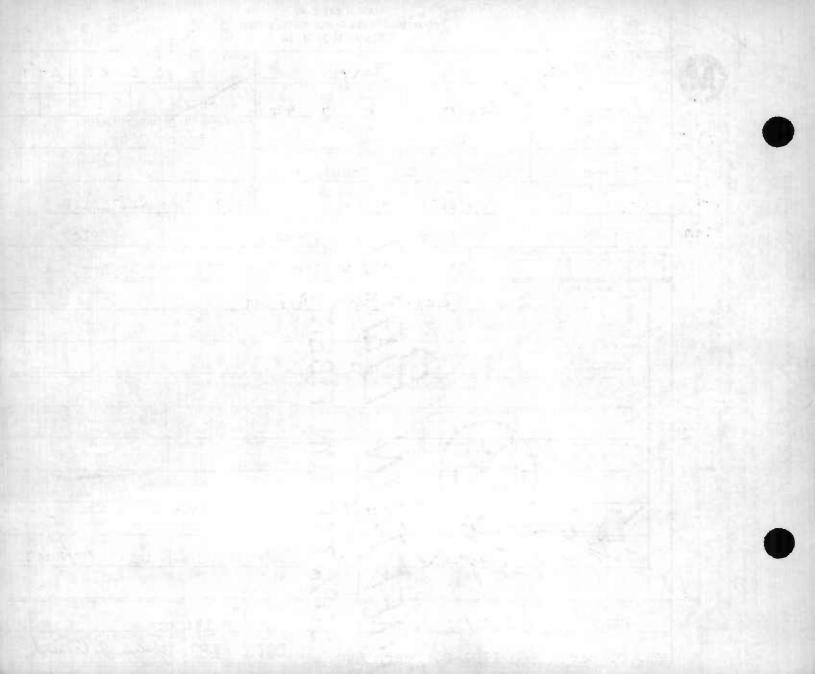
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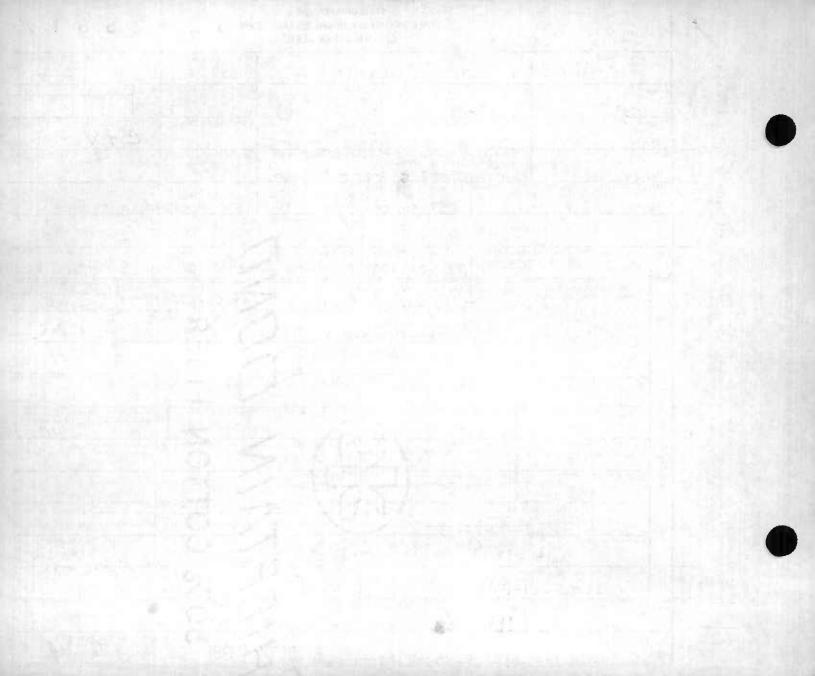


(38)	1.	FOR STATE REGISTRAR			ALTH AND MENTAL HYGI CATE OF DEATH	ENE 8 2	2 5	6   5
		CEASED NAME FIRST LAW	PRENCE T	DA	u Jr.	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR 2 1030
irector, pours offer	3 SE	Male	White	5. DATE OF	BIRTH DAY YEAR 14 25	6. AGE (IN YEARS LAST BIR	YRS.	AYS HOURS MIN.
min 72 ho	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	0,5.1	MARRIED WIDOWED	DIVORCED	BALTIM	ORE CIT	y MI
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Poges 1		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (1F YES,	ARMED FORCES? 16h SOG	ALSECURITY NO. 342861	Mildred D	Ay Ellic	att City	Md.
g physicie removel. event, the		PART I. DEATH WAS CAL	r only one couse per line for (0 USED BY: DIATE CAUSE (0)	o), (b), and (c). DID VASCU	ual Cou	APSE	DETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
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t. Then p or to bur y injury,	TION	ACUTE MI COU	NT CONDITIONS CONTRIBUT	F FU	NEGMIA			
e nos bee sit permit. giene prio hows ony	CERTIFICATION	190. DATE OF OPERATION		R WHICH OPERATION		200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	ISES OF DEATH?
er this certificate is the burial-transit and Mental Hygi ked or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MO	NTH DAY YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	J 2)
ter this so the bu h and M riked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJUR (AT HOME, STREET, FACTOR		211. LOCATION STREET	CITY OR IC	OWN COUNTY	Y STATE
RECTOR: All red for use of the off Health of Health rem 21 is many the most rem 21 is many rem 2		sow the deceased alive	ospital) attended the decease on d not) view the body after dea	19 onc	that in (my) (our) opinion d	, to eath occurred on the d		that (1) (we) lose the couses stated
0 000		226. SIGNATURE JULE And	Cassini 1		EGREE ATTENDING PHYSICIAN	MEDICAL STA	FF and a	128/82
TO FUNERAL [ should be deto with the Store [ IMPORTANT: If		22d PHYSICIAN'S NAME (TY  JULIE A)	UN P. CASANI	V - 34 1	120 ADDRESS  Spiversila	Hospita)		
BP	23a	BURIAL, CREMATION, REMOV		230 NAME OF CE	METERY OR CREMATORY	23d. LOCATION AITY OF TOWN	COUNTY	MA STATE
NH - 16 50M 4/B2 (VRA 15, 4)	24 F	INERAL DIRECTOR,	ight Lykesis	Holess Mic	250 DATE	LEC'D. BY REGISTRAR	251 REGISTRAR'S SIG	CANALLA



. /	1.	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 5 6 1 6				
21 1980	- STATE REGISTRAR		CERTIFICATE OF DEATH  REG. NO.			
		CEASED NAME FIRST MARY	MIODLE	DAY.	2d. DATE OF DEATH MONTH	2 82 641
S	3. SE	Female	Blach	5. DATE OF BIRTH MONTH DAY YEAR 9 46	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS
83	C	IRTHPLACE (STATE OR FOREIGN OUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	D-11-1	
21		altimore		HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINES INDUSTRY
75	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU!	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	ADMISSION)	13e STREET ADDRESS 1724 Nome S	St. Apt.B-1
100	14. F/	ATHER'S NAME  FIRST  Clinton	MIDDLE Eley	15 MOTHER'S MAIDEN N FIRST Irene		Eley
Pages	16a \	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV			ay 1724 Nome	
Ton Blose remove corb	NO	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)  CONDITIONS CONTRIBUTING TO DE	ICE OF	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
and but	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	20a AUTOPSY? 20b. 1F IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATI
and though		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	8117	YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
orthe bur road Me rked or h	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	211 LOCATION	CITY OR TOWN	COUNTY ST
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detached ote Dirpt. T. if hem		Pan E	Hapurel	DEGREE  M D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
PORTAN		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS		
2 d ≥ 1	23a. [	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL		ME OF CEMETERY OR CREMATORY  unt Auburn Com	CITY OR TOWN	COUNTY STAT
OM 1/76 (4))		UNERAL DIRECTOR	ADDRESS '/H 1101 E. Nort	25a. DA	ATE REC'D. BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE.



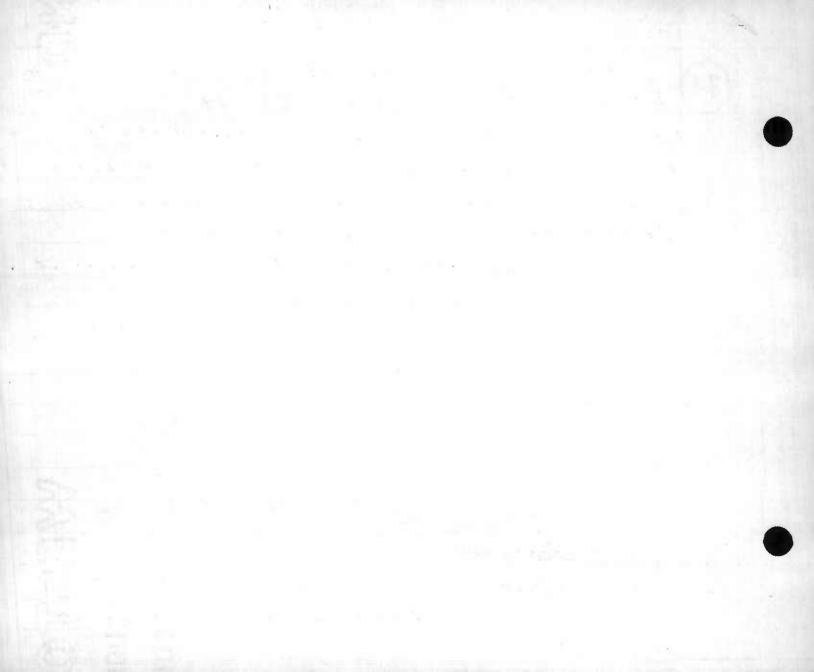


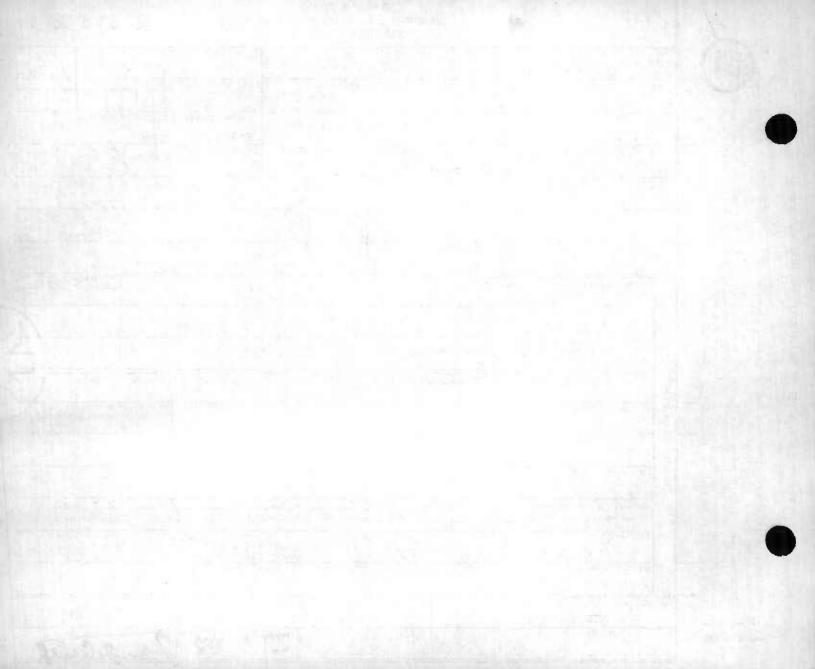
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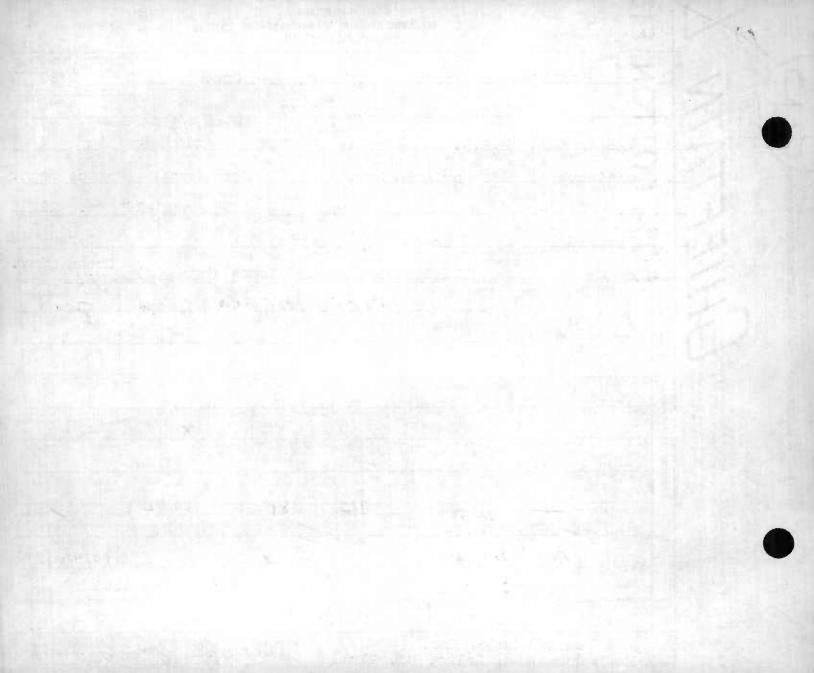
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X	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGICATE OF DEATH	GIENE 8 2	2 5	5   9
- F		CEASED NAME FIRST AND	IE B.	DELOZIE]		AST	October 2		2b. HOUR 1: 00 A
A	3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE	
		Female	White		Sept	. 16, 1888	94	YRS.	
	7a. B	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	A	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
		Maryland	U.S.		WIDOWE	DIVORCED	Baltimore		MD,
1190	F	altimore	Valle	y Nursing	& COI	rother institution  valescent	120 USUAL OCCUPATO (TYPE OF WORK FOR MOST OF Homemake	F WORKING LIFE) INDUST	D OF BUSINESS OR RY
filled in pould be		AL RESIDENCE (IF NURSING HOME) STATE 136.CC	Mary s	13c. CITY OR TOW  Leonardt		13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS Cedar Lar	ne Apartmen	(20650) ts
od within	14. F/	THER'S NAME FIRST  John	Jefferson	LAST		15. MOTHER'S MAIDEN NA FIRST Bertie	ME MIDDLE E.	Siss	LAST ON
Page:		VAS DECEASED EVER IN U.S.		212-56-2	RITY NO.	17 INFORMANT Leonard A. I	ADDRE Delozier. Si	ss 2812 Onv	x Road
is that the death certification by the attending please remove carbon sizes, committee, or remove corbins or other traummatic even		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	DR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	ANNA DISEASE OF CON	DITION GIVEN IN PART	10
he low require on. has been sign to permit. Then ene prior to bis	CERTIFICATION	190. DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED
C(AN. T o physical enthicos natol Hyg		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A	OF INJURY A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART	2)
ING PHYS To at the construction of the constru	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
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BP		Burial, Cremation, Removes Burial	23b. DATE 10-25			emetery or crematory nity Episcope			
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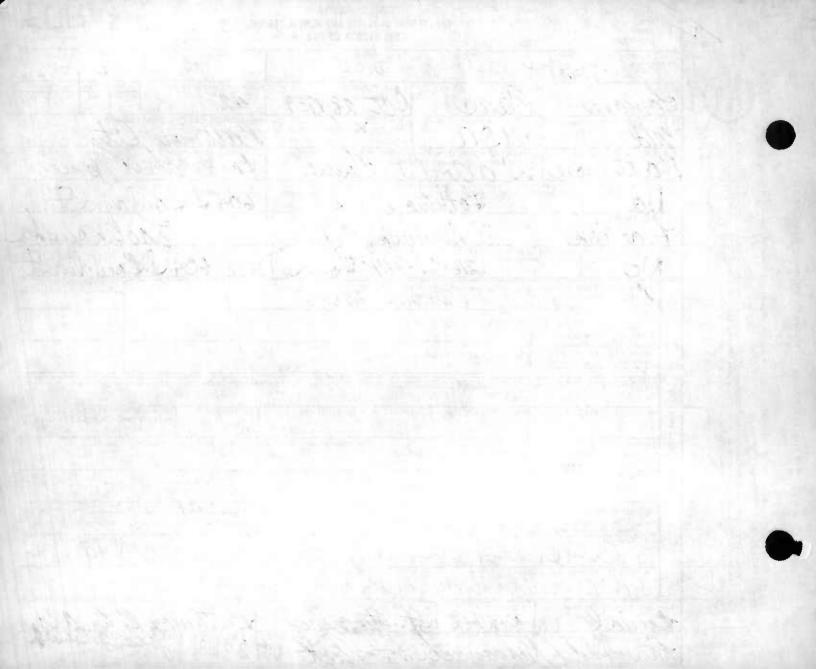


1			STATE OF MARYLAND	13 13	69a 1999
	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	2562
	. DECEASED NAME FIRST	CARMEN JODIEDEYESU	LAST	20. DATE OF DEATH MONT	
(順		urner 5	Deyesu	1911/8	2 3 p
3	SEX PALE	4. RACE Caucasian	S. DATE OF BIRNH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
di one:	BIRTHPLACE (STATE OR FOREIGN MD)	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR CO	UNTY OF DEATH
	BALTO	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION ADDRESS) HOSPI	170 USUAL OCCUPATION	176, KIND OF BUSINESS OF
8	JSUAL RESIDENCE (IF NURSING HOME OR 130. STATE		E ADMISSION)	130. STREET ADDRESS	21239 20 010 Kd
35	4 FATHER'S NAME	MINDIF DEST	15 MOTHER'S MAIDEN N		LAST
-	60. WAS DECEASED EVER IN U.S. AR	MED FORCES? 1166, SOCIAL SECT	JRITYNO 17 INFORMANT	ADDRESS	Komeo
medicol		E WAR OR DATES) 2/2-09	-4023 INICE	1513	Cleveagle Rd
novol.	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), ar	nd (c).) + 1 -1		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
0 0		E CAUSE (a) Corbeac	threat i Here	05/5	
roumotic	Conditions, if only, which	DUE TO, OR AS A CONSEQU	ENCE OF ROLL	Latero,	2/2 when
ial, cremoti	gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		The work
2 2 2		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART Ito
ony ir	190. DATE OF OPERATION 09-23-82 710. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
Hygiene 18 shows	09-23-87	Coronany	Atom Great	YES NO	YES NO
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hem 2 l	abave, (I) (we) (did) (did na 77b. SIGNATURE	view the body after death	DEGREE	deoth accurred on the dote of	22c. DATE SIGNED
- <u>-</u>	1/6	rether !	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	X 10-11-82
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3 ₹ 7	30. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Balto Co	COUNTY STATE
OM 4/82	4. FUNERAL DIRECTOR Mitchell-Wiedefe	eld Home-6500°°	rk Rd. 21212	CTT 5 1982	EGISTRAR'S SIGNATURE

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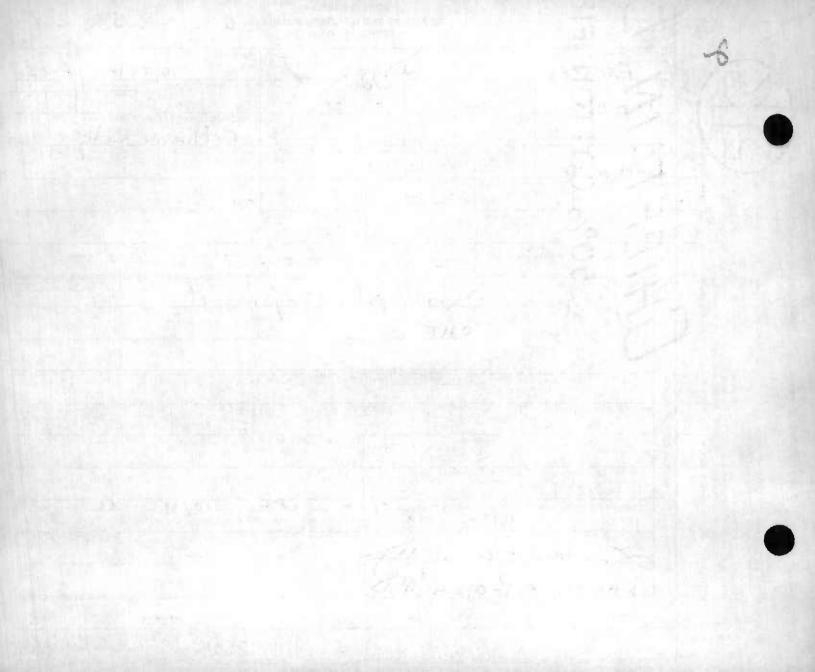
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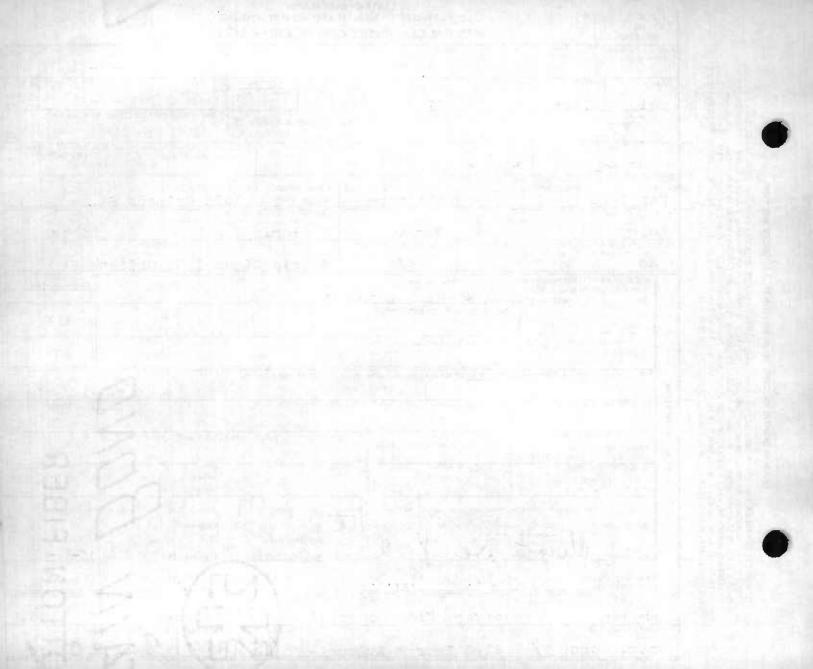
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

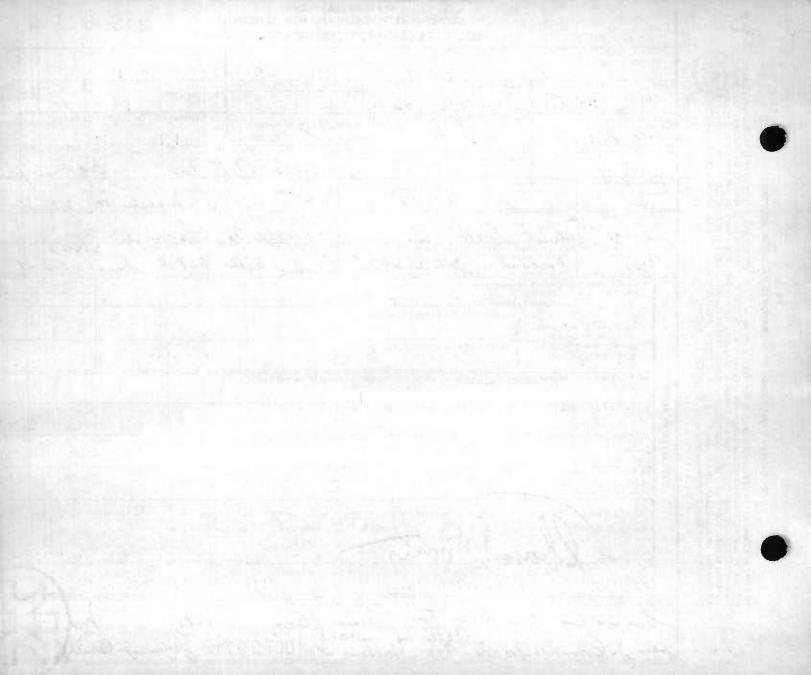


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MEDICAL EXAMINER'S CERTIFICATE OF DEATH  TOCKESSTRAM  FEST  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  B. DATE ROOM  DEATH MAKED   10-16-82   MAY   MAY								AARYLAND		CON SIGN	4 9	9
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It FATHER'S MANE   It SOCIAL SECURITY NO.	ANN ANN							124 INSIDE CITY HIMITCO	1120 STREET ADDRESS			
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	D5 01 DHMH - 17	24. F			ADDRESS		111-2-21	25a. DATE		256 REGISTRAR'S	SIGNATURE	
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10		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 26 HOUR
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= 22798	USU		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	111
AND 31701 AND 31701 AND 3170 RETAIN PERSONID BE	130	Trest 136 COUN	130 ETTY OR JOWN 13d INSIDE (IJVENNITS? 13e STREET ADDRESS)	4. 11330.
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TIMOR TER DE F PAGE F P	160	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	41122
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TO MEDICAL EXAMINER. T EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH WITH THE ST BATTIMORE, MARYLAND, 2	23a. 6	URIAL, CREMATION, REMOVAL	236. DATE 234 NAME OF CEMETERY OR CREMATORY 238 LOCATION COUNT	STATE
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FOR

REGISTRAR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

18,189d fors Ivano . Clerk Stanks to Co. organi-tra scriptor orchitist bretural Henry Yonroe Yeatman Chilcost 29 KUXVICE CE. 215-09-2755 Mrs. Martha D. D ckey Moveon, Ed. Burdal Oct. 22,1982 - Druid Ridge ellessille, edito, co., .. . Witchell- todateld Home, Inc. 21212

1 5/	1	FOR - STATE		DEPART	MENT OF HEA		MENTAL HYG	IENE 8	2 2	5	5	3 2
7		REGISTRAR				ATE OF D	EAIH		REG. NO.			
(-		CEASED NAME F	RS1	MIDDLE	LAST			20 DATE OF E	DEATH MONTH	DAY	YEAR	2b. HOUR
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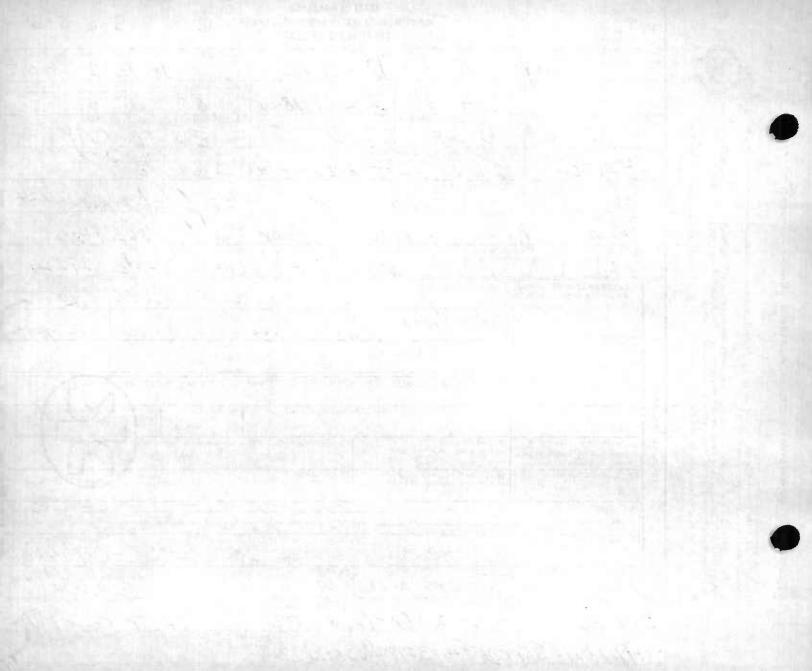
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST KNOWN D 2a. DATE 26. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED PELAY IS NECESSARY, PLEASE
TO THE FUNERAL DIRECTOR.
J PAGE 5 FOR YOUR FILES.

REVELLED WITHIN 72 HOURS
SO WE PRESTON STREET, Doehring, Jr. 1982 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED 4:18A DEAD 9-15-65 1982 Caucasian a. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY) WIDOWED DIVORCED USA Baltimore City ID. CITY OR TOWN OF DEATH KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION TTYPE OF WORK OR INDUSTRY Baltimore Johns Hopkins Hospital Student School ND 2 SHOULD E 13e STREET ADDRESSJOPPA, Md. 21085 Harford 13a. STATE Md. Joppa Town 13d. INSIDE CITY LIMITS? 2716 Clayton Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF VIT Elizabeth Rapposelli William E 166. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 219-96-2004 William E. Doehring Sr. Clayton Rd. Joppa, Md. 2108. 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., CAL EXAMINER ALONG W BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH MENTAL HYGIENE, N. OR REMOVAL PART I DEATH WAS CAUSED BY: DIMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) USED AS A E CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TOR: PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HE NO. 21201 PRIOR TO BURNAL, YES NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR: PAGE 3 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 12: 0200 10 Driver of motorcycle struck fixed object 21d. INJURY OCCURRED 21e PLACE OF INJURY EATHOME. EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BAUTIMORE, MA STREET, FACTORY, FARM, ETC.) STATE AT WORK AT WORK driveway Bo-Wag Kennels Joppa Harford Md. Inspection X 220 I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian death resulted fram: atural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) **ACTUAL** M. Denuty ChiefMEDICALEXAMINER 10/3/82 SIGNATURE THOMAS D. SMITH, M.D. III Penn St. EXAMINER'S NAME Balto. MD. (TYPE OR PRINT) ADDRESS 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION 10-5-82 Harford Mem. Gardens Burial Harford Md BP 250. DATE REC'D. BY BEOUSTRAR 2311-RECISTAND SIGNATURE 24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. **DHMH - 17** (VR A15 ME (5)) 9705 Belair Road 21236

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	Page + III director of nours of		F	WHITE TIZEN OF WHAT COUNTRY? 18.	AUE. 1,1894	AGE (IN YEARS LAST BIRTHDAY)  YRS  BALTIMORE CITY OR COUNTY	FUNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
	he funeral within 72 h	C	DUNTRY) M.D.		MARRIED   NEVER MARRIED   VIDOWED   DIVORCED	BALTO 120 USUAL OCCUPATION	CITY MO.
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AND 213	in 24 hours ly filled in bishould be fill	130. 5	AL RESIDENCE (IF NURSING HOME OR OTH)	R INSTITUTION, GIVE RESIDENCE BEFORE AD 13C GPT OR TOWN DALTO	YES NO 1	30. STREET ADDRESS 270 S. EAST	AUE. 21224
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IMORE,	Pages		VAS DECEASED EVER IN U.S. ARMED es, no or unknown) (IF yes, give war		THO 17. INFORMANT / GE	LKER SAME	c. 21224
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201	g physicic on paper: emaval.		18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY	Mari	RIOSCLEROTIC P	HEART DISERS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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AL REC	ician.  Ite has been nsit permit. I giene prior shaws any it	CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR WHICH OP	PERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
TI OF VII	HYSICIAN: The It ading physician. his certificate has burial-transit per I Mental Hygiene or Item 18 shaws		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M., MONTH DAY P.M.		D JENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
IVISION	the the cond	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	pital a TOR: A for use of Heal		220.1 certify that (1) (this haspital) sow the deceased alive an above, (1) (we) (did (did not) views)	a 12 198	, and that in (my) (aur) opinian de	oth occurred on the date and had	19.8.2., that (1) (we) last ar and from the causes stated
	TAL OR A y the hosi RAL DIREC detoched oute Dept. VT: If frem		226. SIGNATURE	2 Juno	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	221. DATE SIGNED Oct 14,1980
	TO HOSPITAL ( retained by the TO FUNERAL I should be detao with the State I IMPORTANT: IF		MELITO M.	sonnes, m	0 441 South	Ellwood Avi	BALTOMO 21224
010	5 5 5 2 3 3	230.	DECIFY) CREMATION, REMOVAL 2	3b. DATE 23c. NAM 10-16-82 OA	ME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN DALIC	COUNTY MD.
	AH-16 60M 1/73 (VR A 15 (4))	1/2	MERALDIRECTOR SKA	KDA FH. 3248	HUDSON SPOT	REC'D. BY REGISTRAR 756 REGIS	TRAR'S SIGNATURE



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AVERNA PAKK, MD

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BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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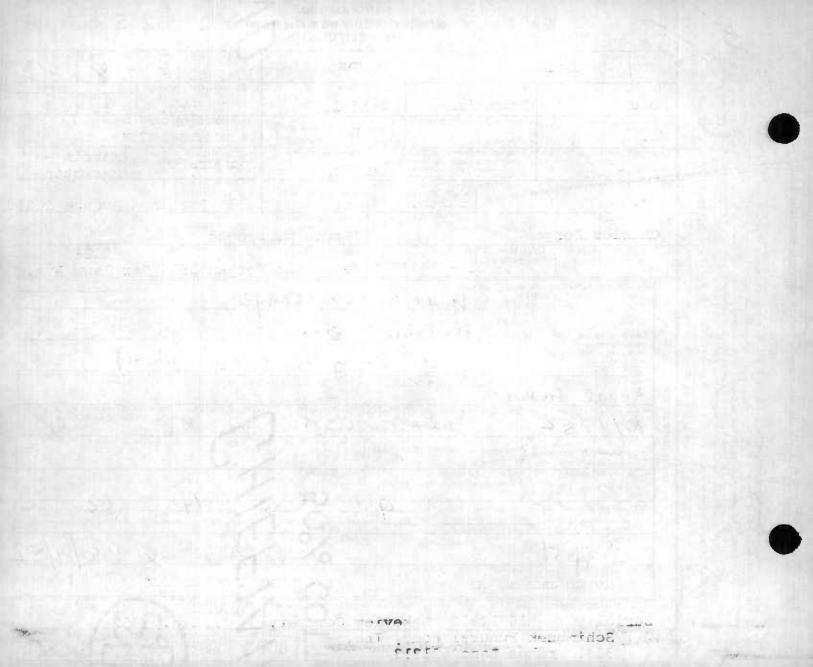
24 FUNERAL DIRECTOR

DHMH-16 30M 2/B0 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR H. DORGAN IRVIN 10-9-82 0 6. AGE (IN YEARS LAST BIRTHDAY) 1.5EX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 4-16-1907 Male Caucasian 75 yrs. yrs. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED Md . USA BALTIMORE CITY WIDOWED DIVORCED [ 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (APTOWORCE AND SEDEWORKING LIFE) UNION MEMORIAL HOSPITAL Marietta BALTIMORE Mechanic USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Md. P P 136. COUNTY Balto. 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3516 Parklawn Avenue 21213 NO [ 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Charles Dorgan Laura M. Brooks 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 21213 LYES, NO OR UNKNOWN HE YES GIVE WAR OR DATES 218-01-1309 no Catherine Dorgan 3516 Parklawn Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY emott kaap IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF EL REY OSUS +ROBABLE Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE 20 couse (a), stating the ANCREASI underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ě NOP YES [ 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDICAL EXAMINER) 20 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 774 PHYSICIAN'S NAME WHE OF PERCO 22a ADDRESS d b UNION MEMORIAL HOSPITAL RIGGIO-JAGODA MD 23g. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b DATE Burial COUNTY 10-12-82 Lakeview Cemeterv Balto., Md 24 FUNERAL DIRSCHIMUNEK Funeral 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Home, Inc. DHMH - 16 50M 4/82 21213 3331 Brehms Lane (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO May 1. DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT SEX CIN YEADS LAST BIRTHINAV 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR 30 STATE Beach OUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Anne Arundes anuland Pasadena. eanhill Leanwater FATHER'S NAME MIDDLE Annabelle Simpson 100200 Nealeu 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES NO OR UNKNOWN) William N. Dorsch no Same as #1 18 CAUSE OF DEATH (Enter only one couse per line to APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate couse (o), stoting VOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOIT YES NO F 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 6 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STREET STATE AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (I) (this haspital) attended the deceased from deceased alive on , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated he body ofter death 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS should be with the 2 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY BP. Burial emeteru 25a DATE REC'D. BY REGISTRAR TO REGISTRAR'S SIGNATU DHMH - 16 50M 1/81 (VRA 15, 4) ully Funeral Homes Patapsco Ave.

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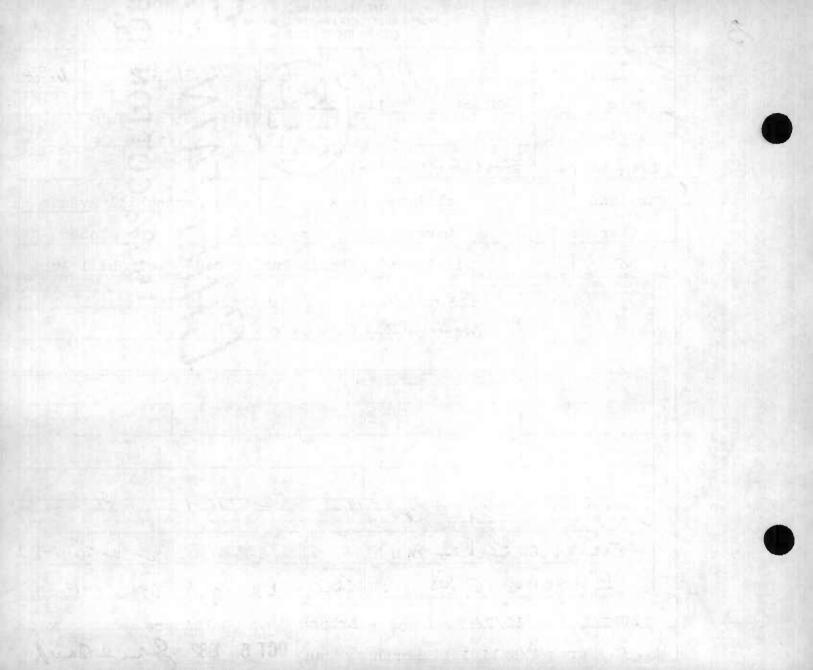
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on paper emoval.		18 CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSI	nly ane cause per line fo DBY:	or (a) (b) and (c)	1	95		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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orked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF IN.	JURY CTORY, OFFICE FARM	211 LOCATION STREET	1	CITY OR TOWN	COUNTY STATE
21 ts mo		220.1 certify that (1) (this hasp saw the deceased alive ar above, (1) (we) (did) (did no	10/13	10 82	, and that in (my) (o	19.82 ur) opinian d	eath occurred on the date and ha	that (II (we) last
VT: If Hen		22b. SIGNATURE	he			TENDING X	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
with the Stot		22d. PHYSICIAN'S NAME (TYPE	M- REHM	man	2717-1	Hamm	ONDS FERRY CL	1 Bus no
3 <	23a. E	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAM	E OF CEMETERY OR CR	EMATORY	23d. LOCATION	COUNTY STATE
-		BURTAL	10/21/8	2 Moi	int Zion (	Cem.	BAltimore	. bM
1/81		n. C. March	F/H 1101	ADDRESS		25a. DATE	T 2 0 1982	STRAR'S SIGNATURE

1 - STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

REG. NO.

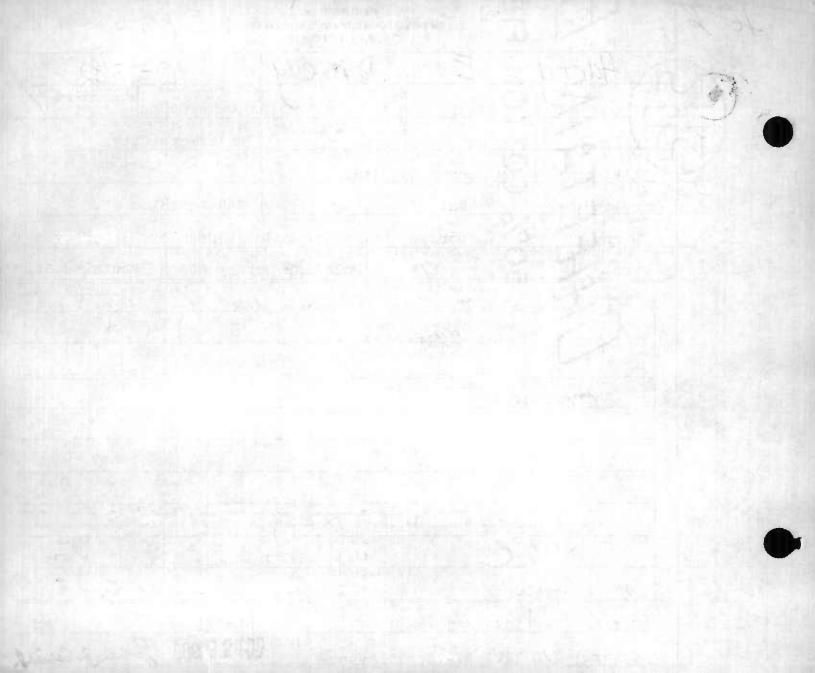
The Parthology



North Avenue

Wm.C.March F/H 1101 E.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI- X Armon H Doss 10 26,82 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE 24. HOUR PRONOUNCED 260 829 :55A YRS BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH West Virginia MARRIED NEVER MARRIED Baltimore City 2 WIDOWED DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS SUCH EACHITY GIVE STREET ADDRESS)
University Hospital Baltimore Insurance Hoent 21061 COUNTY 13d. INSIDE CITY LIMITS? Anne Arunde NO X Lland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hubert Martha DOSS arvis 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Anitra Thomas 10942 Rock Island CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, NO [ SHOULD BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAT DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.I STREET CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held on Inspection Natural causes XX death resulted from: Suicide Undetermined manner TITLE (SPECIFY) ACTUAL 10/26/82 Accictant MEDICAL EXAMINER SIGNATURE 111 Penn St. Balto., MD 21201 EXAMINER'S NAME Hormez R. Guard, MD. TYPE OR PRINT Security Process. Inc BP Neck Rds. , Pasadena, Md. **DHMH - 17** Pasadena (VR A15 ME (5)) 20M 4/82

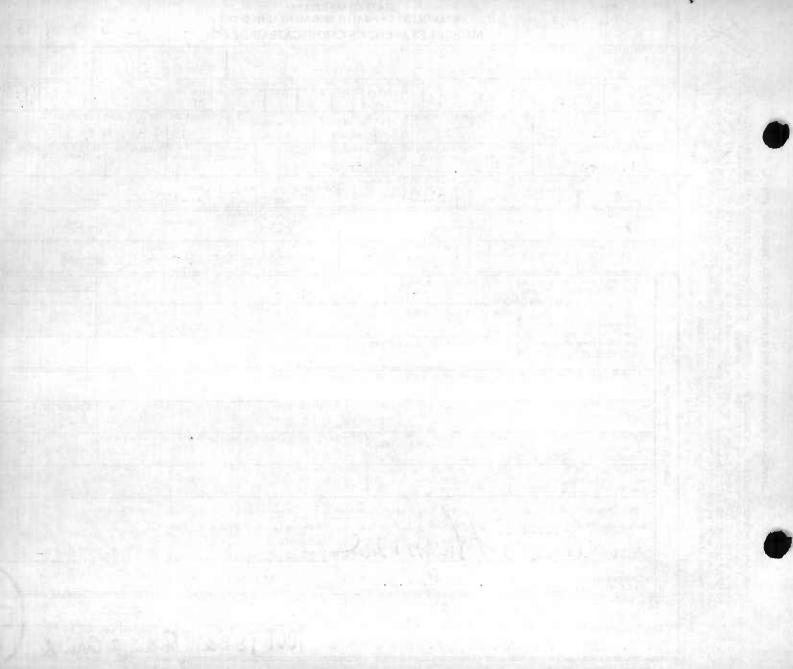
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH MONTH DAY 2h HOUR TYPE OR PRINTS Tinnie 3. SEX 4 RACE 5 DIVE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR Black 21 YRS TO. BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Baltimore City WIDOWED 🕅 DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE: INDUSTRY Baltimore City Hospital

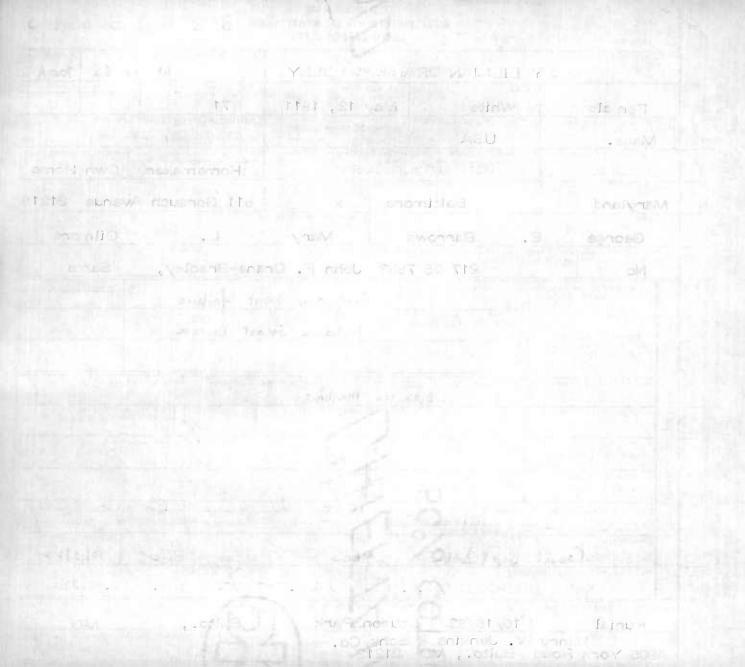
SUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION! Retired 13b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 113d INSIDE CITY LIMITS? Md. Balto. N. Wolfe Street NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Thomas Lorraine Raitcliff Douglas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) No Douglas Joan APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: Arrest pulmonary DUE TO, OR AS A CONSEQUENCE OF Gor Pulmonale Cardiomicoatt Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? burial-tronsit p NO YES [ NO I 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f. LOCATION ö 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) morked NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an DCHOC 19 82 , and that in (my) (our) opinion death occurred an the date and haur and from the couses stated above, (1) (we) (did) (did not view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT should be a with the Sta 22d PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23h DATE 23d LOCATION Buria. CITY OR TOWN COUNTY Star Hope Sanford 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/B1 (VRA 15, 4) 1300 Eutaw Place

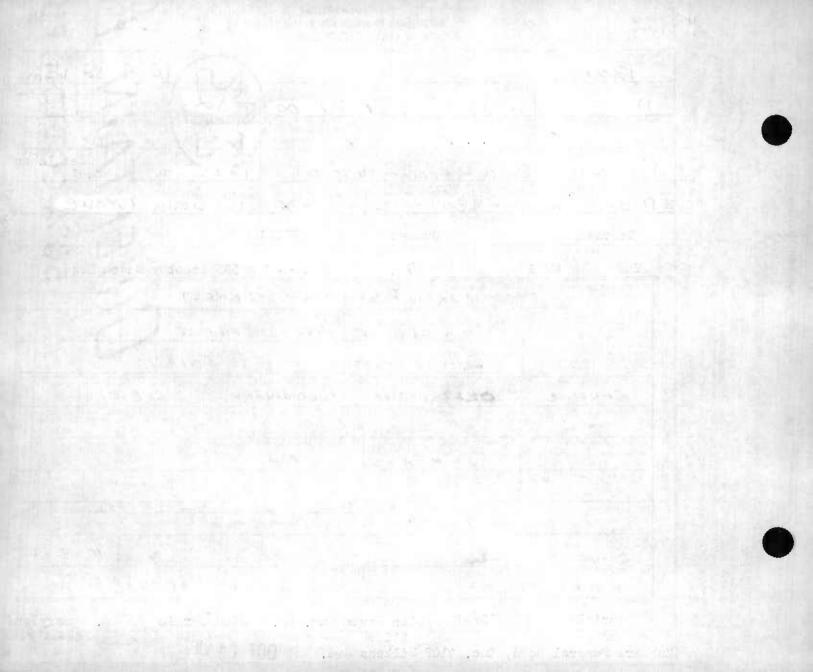
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN 2b HOUR (TYPE OR PRINT) OF ESTI-1082 James Downey 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 1 HOUR DATE 67 VDC PRONOUNCED 1.2 1914 Male Negro 1982 DEAD 14 a. M TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
North Carolina USA Baltimore City, WIDOWED DIVORCED & CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS Baltimore S. Caroline Street ISUAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Mary Land 13d INSIDE CITY LIMITS? 13h COUNTY 525 S. Caroline Street YES X NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Francis Sandy Kelly Downey 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO, OR UNKNOWN) 085-16-3387 Anna Tilton 525 S. Caroline Street 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Congestive Heart Failure IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES NO X DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (AT HOME 21 LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIFIED PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK Autopsy XX 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion death resulted frage Natural causes XX Suicide Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 10-14-82 Dennis F. Smyth, M.D. 111 Penn Street EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial Baltimore, Maryland 10/18/82 Mt. Zion Cemetery BP DATE REC'D. BY REGISTRAR 12 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Wm. C. March F/H, Inc. 1101 E. North Avenue (VR A15 ME (5) 20M 4/82



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9	1.	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. NO.	5 6	4 6
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ge 3	(ITE		RY LILL	IAN DR	ANE-	BRADLEY	10 1	2 82	700 A M
E STATE OF THE PARTY	3. SE	X	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	ONTHS DAYS	IF UNDER 24 HRS
o		Female	Whi	te	Ma	y 12, 1911	71 YRS.	UNINS DATS	HOURS MIN.
is .		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D & NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH	
in and in a	K	Mass.	U	SA	WIDOW		BALTIMORE, CIT	.'Y	MD.
Ke ke	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (	OR OTHER INSTITUTION	120. USUAL OCCUPATION  {TYPE OF WORK FOR MOST OF WORKING LIFE		F BUSINESS OR
Filed P		BALTIMORE	UN	I ON MEMOR	IAL H	OSPITAL	Homemaker		Home
should be	F13a.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL		136. CITY OR TOW Baltim	N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 811 Gorsuch A	venue	21218
N = :	14. F	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME		
3506		George	MIDDLE .	Barrows	5	Mary	WIDDLE	Gilm	ore
0 4		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRESS	7	
med	(	YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	217 26 7	7933	John F. Dr	rane-Bradley,	Sam	ne
- P		18 CAUSE OF DEATH (Enter of	only one couse pe	r line for (a), (b), and	d (c).		4		MATE INTERVAL DNSET AND DEATH
event,		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)			Congestive he	art failure		
		4149		OR AS A CONSEQUE	NCE OF	0	)		
otion, or traumatic		Conditions, if any, which	( (b)	7K A3 A CO1432002	1402 01	schemic He	eart Disease	1000	
1		gave rise to immediate cause (a), stating the	DUETO	OR AS A CONSEQUE	NCE OF				
of the		underlying couse last	( (c)	N A3 A CONSCOOL					
٧, م		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 110	
any injury.	ŏ.			Dia	befes	Mellins			
shows only	CERTIFICATION	19a. Date of operation	19b COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDING CAUSES	
18 sh	E E	21a. ACCIDENT WAS UNDERLYING			V VE 4 D	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)	
tem 7	₹	OR CONTRIBUTING CAUSE OF D	EAIN	.M. MONTH DA	19				
ö	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY	STATE
morked	Z	WHILE NOT WHILE AT WORK	( AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC )	J.	CIT ON TOTAL		31416
B BO		22a.1 certify that (1) (this has	pital) attended tl			10/6,1982	10 10/12 1	987	that ++ (we) last
21		sow the deceased alive a above, (1) (we) (did) (did)	tht) view the had	of 12 19 S	52,0	nd that in (my) (our) apinion	death accurred on the date and hour	and from the c	causes stated
tem Hem		226. SIGNATURE	TOTAL VIEW TIME GOOD	t decom.		DEGREE		22c. DATE	SIGNED
		Cama	e Dias	- Anttin		MBBS ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	[0]	2/82
NA NA		22d PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS			
IMPORTANT: IF		KAMAL	DYAL-DO	TTIN, M.I		201 E. UN	VIVERSITY PKWY.BA	TO. 21	218
<u> </u>		BURIAL, CREMATION, REMOVA	AL 236 DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION	10.00	,
		(SPECIFY) Burial	10/1	5/82 L	oudo	n Park	Balto.	LOUNTY	STATE
M 4/B2	24 F	UNERAL DIRECTOR Henry					E REC'D. BY REGISTRAR 256, REGISTE		
5, 4)	4	905 York Ros	d Balt	0., MD	212	12 00	T 1 4 1982	and the	mey





if	1.	FOR STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2	25548
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 2b. HOUR
pe g	(1111	Dorothy		Duncan	October 31,	1982 6:23 pm
moy met de	1.5E	X 4. R	ACE :	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		Fennle	Black	1-7-26	54	YRS.
Poge I from		RTHPLACE (STATE OR FOREIGN 7b. COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DEATH
Light and the second		GA		WIDOWED DIVORCED	Baltimore 0	City MD.
100		Itimore M	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD) MARY LAND	DRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	RKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
BS	MED I	AL RESIDENCE (# NURSING HOME OR OTH 13b COUNTY	13c CHY OR TOWN	MISSION) 13d. INSIDE CITY LIMITS? YES TO NO [	13e STREET ADDRESS	cher St.
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s Poges		VAS DECEASED EVER IN U.S. ARMET YES, NO OR UNKNOWN) (1F YES, GIVE WA		TYNO. 17. INFORMANT WAVERLY	WEAVEL 6	41 Petcher St
signed by the ottending then please remove corbo to buriol, cremation, or re njury, or ather troumotic e	Z	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN  (b) Myocardia  DUE TO, OR AS A CONSEQUEN  (c)	Infarction		ON GIVEN IN PART 1101
nos been permit. In permit. In ws ony is	IFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH O	PERATION WAS PERFORMED		b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \cap \) NO \( \cap \)
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e os the Eor ofth and Me morked and	MEDICAL	71d. INJURY OCCURRED  WHILE ON WHILE OF AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARI	M, ETC ) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a.1 certify that (X (this hospital) saw the deceosed alive on obove, (X (we) (did) (X (A ))	attended the deceosed from 000000000000000000000000000000000000	tober 24 , 19 82 and that in XX (our) opinion	, to October 3.1 death occurred on the date a	ind hour ond from the couses stated
AL DIRECTOR: detached for us ote Dept. of He IT: If them 21 is		22b. SIGNATURE	245	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
should be deti with the Stote		22d PHYSICIAN'S NAME (TYPE OR PRI KAREU TRO	ENT MD.	ne ADDRESS c/o Marylan	d General Hos	pital
6		BURIAL	11 6 82 73c. NA	HE OF CEMETERY OR CREMATORY	23d LOCATION  BALLAM	COUNTY STATE
16 50M 4/82 RA 15, 4)	24 F	UNERAL DIRECTOR NAME LEKNON R Baile	N 1348 N.	Calhoux St. NOV	FREC'D, BY REGISTRAR 236	EGISTRAR'S SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH . DECEASED NAME MONTH FIRST 76 HOUR TYPE OR PRINT LEE ROY DUNCAN 10 06 82 5:15 P. 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Male 199 1900 Black 70 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE, CITY South Car. WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET Balto. VAMC. LOCU PAVEN. BALTO, MD USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13h COUNTY 3 ZITY OR TOWN 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. 3-26-1204A NO. 2324 Rosedale St 14. FATHER'S NAME SMOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) yes 213-26-1204A Mary Duncan 2324 Rosedale St 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? News YES [ NO T 216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21L LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 3900 LOCH RAVEN BLVD. BALTIMORE, MD. 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on\_ , and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED STAFF ATTENDING MEDICAL should be deta with the State I PHYSICIAN & PHYSICIAN DIRECTOR 22 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ZOLEA 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE Crownsville, Md. 10/11/82 Crownsville Vet. Cem 24 FUNERAL DIRECTO DATE REC'D. BY REGISTRAR HY REGISTRAR'S GIGHNERE DHMH - 16 50M 4/82 IEROY . DYETT 4600 Liberty Hats. Ave. (VRA 15, 4)

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0	FOR - STATE REGISTR	AR		DEPAI	RTMENT OF H	E OF MARYLA LEALTH AND N ICATE OF D	MENTAL HYG		2 EG. NO.	5 6	5 0
	I DECEASED N			WIDDLE	1	AST		2a. DATE OF DEA		DAY YEAR	2b HOUR
		Teres		Rose	Dunn		11.025	Octo		1982	2:15 P.M
	3. SEX Fema	le	4. RACE	te.	S. DATE O		YEAR 19	6. AGE (IN YEARS L	AST BIRTHDAY) YRS.	MONTHS DAYS	HOURS MIN.
132	7a. BIRTHPLACE	( STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8. MARRIE	D KNEVER M		9 BALTIMORE C	ITY OR COUNT		
To O	Baldo 10 CITY OF TO	WN OF DEATH	11. NAME OF	HOSPITAL NUR	WIDOWE	D DIV	VORCED	Balt 12a USUAL OCC	IMORE (	ity	MD.
3/	and the same of th	timone	Bal	timore (	EET ADDRESS)	spitals		House		LIFE) INDUSTRY	Home
35	USUAL RESIDER	, 13b COU	OR OTHER INSTITUTION	130. CITY OR TO	ORE ADMISSION)	13d. INSIDE CI	ITY LIMITS?	13e. STREET ADDI	RESS	C 1 01	201
5	Maryla 14. FATHER'S NA			Dace	wie.	YES XX	MAIDEN NA	9/4 S.	Bouldin	2 St. 212	224
	Jos	eph	MIDDLE	Helgert		Ma	rgaret	WIE	He	elgert LAST	
/	(YES, NO OR U	ASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMAN	^		DDRESS		
	No			214-01	4862	trank	B	Dunnigan	914 5.1	Bouldin S	treet
	18 CAUS PART	OF DEATH (Enter of DEATH WAS CAUSI	ED BY:	-	and (c)		10	1.1	>	BETWEEN	MATE INTERVAL
	41	DD IMMEDIA	TE CAUSE (a)	Ciail	my:	caldia	( Oh	Jaccion	<u> </u>		
nmat	Condition		DUE TO, C	OR AS A CONSEC	DUENCE OF						
traum	gove ri	ns, if any, which se to immediate	(b)								
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- 1	Z	1/4 01-50	CONDITIONS	ONTRIBUTING 1	O DEATH BUT	NOT RELATED		INAL DISEASE OR	CONDITION G	IVEN IN PART ITO	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TX 2b. HOUR (TYPE OR PRINT) ESTI-EASON DEATH MATED FRANKIE 82 Jr. 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR 2c. DATE PRONOUNCED 11:23 8 Male Black 67 15 RS DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X 5 FOR New Jersey USA DIVORCED WIDOWED Baltimore City PAGE 5 E FILED, ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 2, AND 3 TO 1 3. RETAIN PA 2 SHOULD BE F Baltimore Gilmore St USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 136 COUNTY 13d. INSIDE CITY LIMITS? 1033 N. Gilmore St. Maryland YES X NO [] 14. FATHER'S NAME DURS AFTER DEATH.
18. GIVE PAGES 1, 2
5; WITH FORM PM 3
NIT. PAGES 1 AND 2
5; DIVISION OF VITAE 15. MOTHER'S MAIDEN NAME Frankie MIDDLE FIRST Mary Eason Sr. Pleasant. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A Mona Lisa Curry 1033 N. Gilmore St 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH USED AS A BURIAL-TRANSIT PERMII OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (o)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Seizure disorder ARRETHMENTING.

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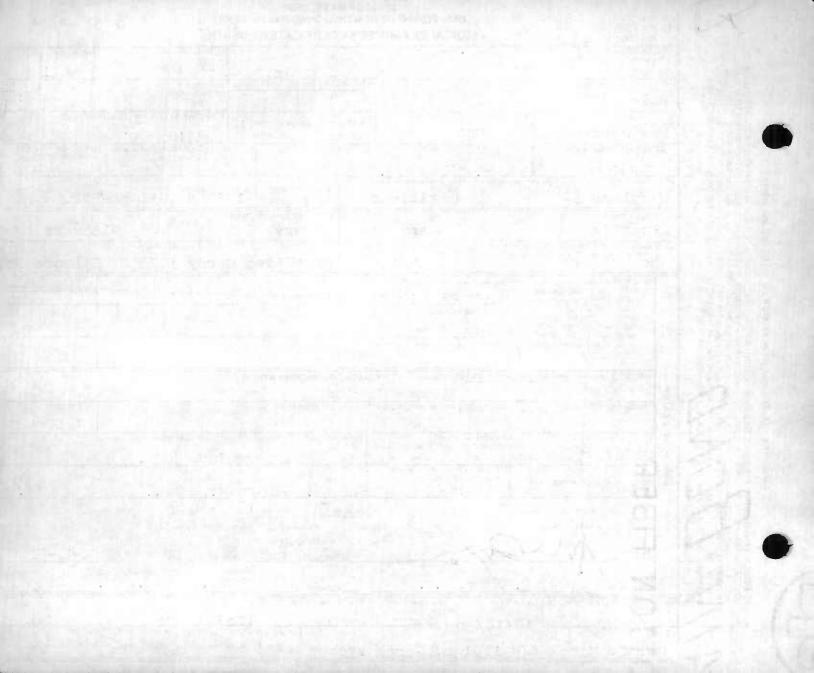
ICATE, PAGE 3 SHOULD BE USED AND A STATE DEPARTMENT OF HEAI

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THE 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [ 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH P.M. 10-9-19 82 Subject drowned in bathtub. 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNDER OF SHOULD BE FORWARDED AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PE AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STATE bathtub Gilmore St. . Balto. Md. 22a. I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion Suicide death resulted from Notural causes Accident Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL DATE 10-10-82 Mn Assistant SIGNATURE MEDICAL EXAMINER Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Zion Cem Baltimore BURTAL 24. FUNERAL DIRECTOR Mou. **DHMH - 17** Wm. C. March f/H 1101 e, North AVenue (VR A15 ME (5)) 20M 4/B2



STATE OF MARYLAND

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18 35	E	COUNTRY! altimore, Md.	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED X	9 BALTIMORE CITY &	OR COUNTY OF DEATH
M) kg	30 0	Baltimore	Baltimore (i	AG HOME OR OTHER INSTITUTION ADDRESS) BY HOSPITALS	12a USUAL OCCUPAT ITYPE OF WORK FOR MOST	12b. KIND OF BUS OF WORKING LIFE) DUSTRY
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hos been signed by it permit. Then please in the prior to busiol, city was any injury, as other	IFICATION	couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  I Vo. DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE
	I CERT	27a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH D.	21c. HOW INJURY OCCUR		YES NO
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STATE OF MARYLAND

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1.	FOR STATE		DEPARTI	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG	SIENE 8 2	25	6 5	Ó
	REGISTRAR			CERTI	FICATE OF DEATH	REG. N	O.		
	CEASED NAME FIRST	Part .	MIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY	YEAR 2b.	HOUR
V. 124	Howe	urd		Eck	chandt.	Oct. 7 19	१२		
1. SE		4. RACE	-		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER I YEAR IF	UNDER 24
-	Male		ite	Nov	.12, 1906 YEAR	75	YRS		DURS
	RIMPLACE INTO DEPOSITION COUNTRY	76. CITIZEN O	SA SA	MARRIE WIDOW	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	-	)EATH	
10000	or town of DEATH	11. NAME O	F HOSPITAL, NURSIN UCHPACILITY, GIVE STREET CRSON	ST. Ba	or other institution Lto.Md. 21230	12a USUAL OCCUPAT TYPHOF WORL FORMOSY Sheet Met		b. KIND OF BU	
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	Howard	WIDDIE	Eckhard	t	PIRSTNORA	MIDDLE		Lilly	
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	No.	INE WAR OR DATES	212-10-	7779	Mrs. Ruth A.	Schhandt Sar	na as ab	0110	
	8. CAUSE OF DEATH (Enter)	anly one cause n		d (e) )		n	ie as an	APPROXIMATE BETWEEN ONSE	INTERV
	18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS		Cores	10:190	aler acciden	et -		2 hs	_
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#						YES NO	YES 🗆		IO []
8	210. ACCIDENT WAS UNDERLYING		OF INJURY	. W 145.5	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 O	OR PART 2)	
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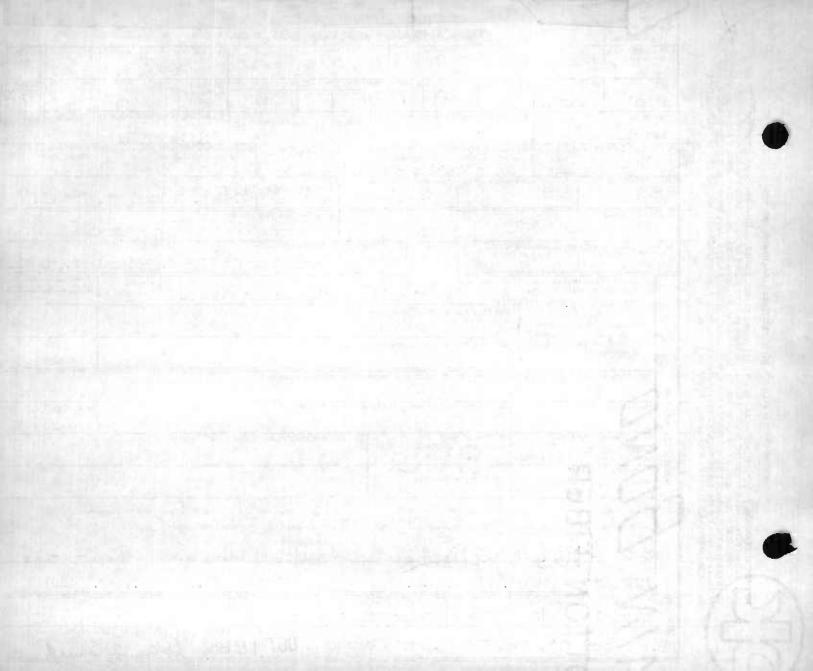
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	Willie				dmond	ls		C	lara					Bro			
10	YES, NO, OR UNK	ED EVER IN U.S. AR	MED FORCES?	? 10	66. SOCIAL	SECURITY	NO.	17. INFORM	MANT			ADD	RESS				
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F	IB CAUSE	OF DEATH (Enter or	nly one cause p	er line for	(a), (b), ar	nd (c).)									API	PROXIMATE	INTERVAL I AND DEATH
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1	EXAMINER'	NAME A	nn M. D	ixon	, M.D	•		ADDRESS_	111	Penn	St.	, Ba	Lto.	, Ma	d. 2	1201	
2.	Be BURIAL, CREM	ATION, REMOVAL	23b. DATE		23c. NAA	AE OF CEM	ETERY O	R CREMATO	ORY	23d. LC	OCATION			COUN	NTY	CT	ATE
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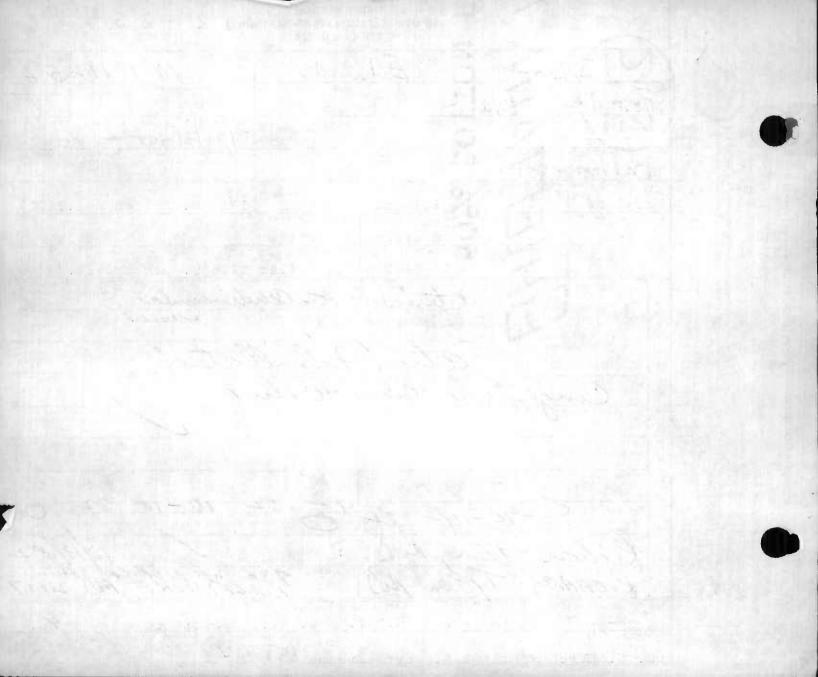
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REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

REG. NO



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2 (M)		ECEASED NAME DE OR PRINTI  JULIUS	3 10 M
1		m	B MONTH DAY YEAR 65 YRS. MONTHS DAYS HOURS MIN
And letter and	_	BIRTHPLACE WISIATE OF FORFIGE COUNTRY GIDSON, N.C.	The citizen of what country?
B 40 40	4	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Lutheran Hospital  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
33	13a	STATE 136 COU	OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION)
MARYL ompletely			module ancis Edwards   15. MOTHER'S MAIDEN NAME   16851   1685
TIMORE De caeco		WAS DECEASED EVER IN U.S. AF (YES, NOOR UNKNOWN) (IF YES, GI	ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS O71-16-7834 Gladys M. Watson 318 Lynhurst St. 21229
RDS, 201 W. PRESTON ST., BAI equires that the death certificate in signed by the attending physical Then please remove carbon paper to burial, cremation, or removal.	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	APPROXIMATE INTERVAL SED BY.  CARDIAL ARREST  DUE TO, OR AS A CONSEQUENCE OF  (b) BRAIN STEM INFARCT  DUE TO, OR AS A CONSEQUENCE OF  (c) CEREBRO U HEWLAR ACCIDENT  T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physicion. Ifter this certificate has been signs the burial strongs permit. Then and Mental Hygiene prior to borked or Item 18 show cony injury	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO
N OF VIT.  SICIAN: I ng physica certificate riiol-fronsi entol Hygi sh lem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DAY YEAR
OIVISION OFFICE THIS OFFICE THIS DESTREE BUT THE OND ME OND ME	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM, ETC.)  21l. LOCATION STREET CITY OR TOWN COUNTY STATE
TENDI tal or OR. A or use Heal		saw the deceased alive an	spital) attended the deceased from 10.4. 19.82, to 10.6. 19.82, that (I) (we) last an 10.6. 19.82, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated not), view the bady ofter death.
the har the har to DIRE		278. SIGNATURE	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10.6.
TO HOSPITA retained by TO FUNERA should be de with the Stot			ASHOK. LUTHERAN HOSPITAL.
2737		BURIAL, CREMATION, REMOVAL	236. DATE 10/13/82 23c. NAME OF CEMETERY OR CREMATORY 123d LOCATION 2011Y OR TOWN Baltimore Md.
DHMH - 16 50M 1/B1 (VRA 15, 4)		Wm. C. March	F/H 1101 E. North Avenue OCT 1 1 1982 Church

ALLOW DE DE HEROTE TOO

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🦂 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26 DATE OF DEATH MONTH DECEASED NAME 2b HOUR TYPE OF PRINTI Samuel Eggleston October 9, 1982 7 . 35P M IF UNDER 24 MRS 4. RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 3. SEX 10 25 16 Black 56 male 70. BIRTHPLACE I STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia USA WIDOWED DIVORCED [ Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Maryland General Hospital USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS 915 N. Carrollton St. 13c. CITY OR TOWN Baltimore Maryland YESXX NO 15 MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE MIDDLE Carter Millie Eggleston Hugo ADDRESS 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO OR UNKNOWN) 5059 Truesdale Av Mildred Eggleston N/A APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Cerebral Vascular accident 3 days DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F NOV 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH ( IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21f. LOCATION 21ª PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) WHILE NOT WHILE October October 22a. I certify that (IX(this haspital) attended the deceased fram 82 saw the deceased alive on October 9 above, (A(we) (did) (Ao na) view the bady after death. \_ and that in (ma) (aur) apinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED DEGREE MEDICAL October 9,1982 DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME ITYPE OF PRINT 22e. ADDRESS c/o Maryland General Hospi 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE CITY OR TOWN Md. Baltimore 10/14/82 Raltimore Cem BURTAL 250 DATE REC'D. BY REGISTRAR THE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 Wm. C. March F/H 1101 E. North Avenue (VRA 15, 4)

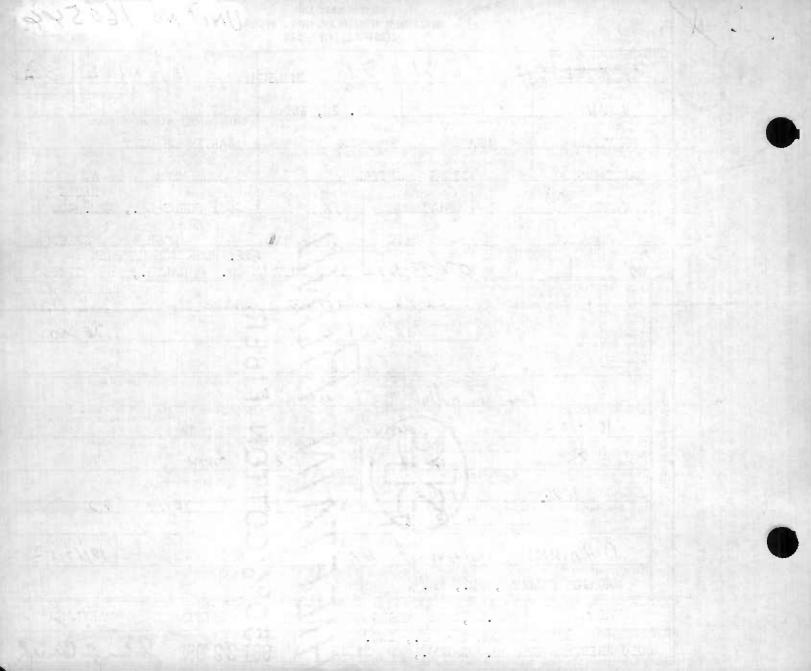
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21215

6010 REISTERSTOWN RD. BALTO., MD

(VRA 15.4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN



Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND

FOR

(VRA 15, 4)

C N CONTRACTOR					
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X		EASED NAME FIRST		MIDDLE	i.	XST	2a. DATE C	F DEATH MONTH	DAY YEAR	26. HOUR
6)1	(11776	Igna	cio	S.	El:	icerio		10	19 82	۸
/	3. SE>		4. RACE		5. DATE O		6. AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER 1 YEA	AR IF UNDER 24 HRS
		male	Blac	ck	2	6 1892	2	100 y		a noons pain.
00	7a. BII	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN O	F WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIM	ORE CITY OR COU	INTY OF DEATH	
1		inting Capis		ipines $V$	WIDOWE	DIVORCED	□ BAJ	timore		MD
7	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SI	JCH FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION		OCCUPATION	12b. KIND INDUSTR	OF BUSINESS OR
4		Baltimore	2834	Winches	ter S	Street				24
1	UŠU.A 13a. S	L RESIDENCE (IF NURSING HOME OF TATE 13b. COL	OR OTHER INSTITUTIO	13c. CITY OR TOW		136. INSIDECITY LIMITS	? 113e. STREE	ADDRESS		
1	_	laryland		BAltim	ore	YES 🔀 NO 🗌		Winche	ster St	treet
	4. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		LAST
AC.		-		-			~		=	
		AS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
	The state of the s	No		213-16-	3639	William E	Eliceri	0 2834		
	33.7	IL CAUSE OF DEATH (Enter of	only one couse p	er line for (a), (b), and	d (c).)		2 /			OXIMATE INTERVAL IN ONSET AND DEATH
39		PART I. DEATH WAS CAUS	ATE CAUSE (0)_	/	nyo	eacher 1	crowce	, cu	1	o Mein
и,		4100	DUE TO,	OR AS A CONSEQUE	NCE OF			a :		
		Conditions, it any, which	(b)_			erray	auf	en NIS	. /	1044
		gave rise to immediate cause (a), stating the	DUE TO,	OR AS A CONSEQUE	NCE OF	HOLD			1	0 41.
- 1		underlying cause last.	(c)_		-					6 4
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEA	SE OR CONDITION	GIVEN IN PART 1	110
$\overline{}$	ATIO	190 DATE OF OPERATION	19h CONI	DITION FOR WHICH	OPERATION	LIWAS DEPENDATED	20a AU1	OPSY2 Inh II	F YES, WERE FIND	ONCS HEED
71	FIC	THE DATE OF CHANGE	170 0011		O' EKATIO	THE TEN OWNED		INCE	ERTIFYING CAUSE	ES OF DEATH?
+	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY	2.0	21c HOW INJURY OCC	YES TENTER	NO	YES DEPART 21	NO 🗌
)	1	OR CONTRIBUTING CAUSE OF D	EATH HOUR A	A.M. MONTH DA			TESTER!			
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED		P.M. E OF INJURY	19	211 LOCATION				
	WE	WHILE NOT WHILE	(AT HOME, S	TREET, FACTORY, OFFICE, F	ARM, ETC )	STREET		CITY OR TOWN	COUNTY	STATE
		220   certify that (1)(this has	oital) attended t	the deceased form	1211	1712 10	/	0//1/	20	that (I) (we) last
		sow the deceased alive above (II) we) (did) (did)			, on	d that in (my) (our) opini	ion death accuri	ed on the date and	hour and from th	
		22b. SIGNATURE	op view the bad	y after death.		DEGREE				TE SIGNED,
1			new	TOTO NO		ATTENDING			10	121/82
		224 PHYSICIAN'S NAME-ITARE	S. MUN	IESES. M.D.		PHYSICIAN 22e. ADDRESS	DIRECTO	PHYSICIAN [	, , ,	, , , , ,
11		226. PHYSICIAN'S NAME	S. POP	PLETON ST	KEE!					
-	22. 2		ALTIMORE			THE TERM OR COST !	RY 236. LOC	ATION		
	(JO. B	urial, cremation, remova BURIAL					(1	Y OR TOWN	COUNTY	STATE
-		NERAL DIRECTOR	1 10/	25/82 B	altı	nore Cemet	erv Ba	Itimore REGISTRAR 25	GISTRAR'S SIGNI	Md.
		NAME	m /rr 11	ADDRESS			OCT 2 1	1982	hugh!	shield
	Wn	n, C. Mgcrh	L/U TT	UI E. NO	ortn.	avenue				p. 4

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Section 10 miles	
attended to server	
maline - Total	

requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 22 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the medical exa

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1,	- STATE REGISTRAR			(	CERTIFICA	TE OF DI	EATH		REG. NO.	Ena	7	0	0 3
	ECEASED NAME	FIRST	WIOOFE		LAST			20. DATE OF DE	ATH M	ONTH	OAY	YEAR	26 HOUR
		MARGARE'	T F.		ELLI	TTOI			1	LO :	25	82	1:20 R
3. S	EX	4. RA	CE	5	. DATE OF BII	RTH	YEAR	6. AGE (IN YEARS	LAST BIRTH	DAY)	MONTH	DER I YEAR	IF UNDER 24 HRS.
	FEMALE		WHITE		01	31	1897		85	YRS		DATE	MIN.
70.1	BIRTHPLACE (STATE C	OR FOREIGN 7b. CI	TIZEN OF WHAT	COUNTRY? 8.	MARRIED [	NEVED A		9. BALTIMORE			Y OF D	DEATH	
	MARYLAND		U.S.A.		VIDOWED C		ORCED	BAT	LTIMO	DRE	CITY	Y	M
10.	CITY OR TOWN OF D	EATH 11. h	NAME OF HOSPI		HOME OR O		TUTION	12a. USUAL OCO	CUPATIO	N	12		F BUSINESS OR
	BALTIMORE		CATON MA			IOME		HOM	EMAKI	ER		-	
13a.	UAL RESIDENCE (# NU . STATE MARYLAND	INSTITUTE OR OTHER  BALT TM	13c. C	ESIDENCE BEFORE AD LITY OR TOWN LANSDOWN	13d.	INSIDE CIT	TY LIMITS?	130. STREET ADD		AVE	NUE	. 212	227
14, 1	ATHER'S NAME	MIDDLE		LAST	15. /	MOTHER'S	MAIDEN NA		IOOLE			LAS	ī
	WILLI	AM	HC	FFMAN			ORA			20.00	DEI	NTON	0
	WAS DECEASED EVE	R IN U.S. ARMED I		SOCIAL SECURIT	Y NO. 17.	INFORMAN	١٢		ADDRES:	S			1.00
	NO	(II 1ES, ONE WAR		17-22-12	72B N	IMOMI	CURLEY	2204	SMITH	IAV	ENUI	E, 21	227
CERTIFICATION	Conditions, if or gove rise to it couse (a), sto underlying course (b). PART 2. OTHER SI	ny, which mmediote ting the use lost.	OUE TO, OR AS A	CONSECUENT BUTING TO DEA	CE TE (			20e AUTOPS	λ.5	20b. IF YI	S, WE	RE FINDIN	IGS USED OF DEATH? NO [7]
1 2	21a. ACCIDENT WAS L	INDERIVING TO 1	Ib. TIME OF INJU	IIDV	214	- HOW/INII	LIBY OCCUPE	YES N	0		-	20.0107.01	ио П
MEDICAL CI	OR CONTRIBUTING [  (IF EITHER NOTIFY ME  21d. INJURY OCCU	CAUSE OF DEATH	P.M.	JURY	YEAR 19 21f	LOCATIO			ITY OR TOW	18	97	OUNTY	STATE
¥	AT WORK AT V	WHILE D	AT HOME, STREET, FA	CTORY, OFFICE, FARA	A, ETC.)	STREET			3 (	1.8	1		31012
	saw the dece	(I) (this hospital) a osed alive an ) (did) (did pat) viev	10.7.8	1 19	ond the	of in (my)	ه, 19 ppinion (مِسم	death accurred a	n the date	e and ha	., 19 <u> </u>		that (I) (e) last causes stated
	275 MANATURE	r. Lim	fel		DEG	AT	TTENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA		>	22c. DATE	SIGNED 2782
1	THYSIGIAN'S	NAME INFICEPRIN		E EX.D	220	e. ADDRESS				1	36		Porting.
	HARRY.	GIMBEL, M	.D.					MORE NA		AL P	IKE	, 212	228
23a	BURIAL, CREMATION (SPECIFY)	N, REMOVAL 231	DATE	23c NA	ME OF CEME	TERY OR C	REMATORY	23d. LOCATIO	NWO			JNTY	STATE
	BURIAL		10-29-82	2	LOUDON			BALTI					RYLAND
24	FUNERAL DIRECTOR				2.	1220	25a. DAT	E REC'D. BY REG	ISTRAR 25	b. REGIS	TRAR'S	SSIGNIST	URE

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physicion

HUBBARD FUNERAL HOME,

FOR

AODRESS 21229 4107 WILKENS AVE

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STATE OF MARYLAND

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4	1-	FOR STATE REGISTRAR		OF HEALTH AND MENTA	E OF DEATH REG.	2 5	6 6	1
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A SEE SEE	3. SEX	1 RACE	5. DATE OF BIRTH 6 AGE	IN YEARS IF UNDER TYR. IF UN	DER 24 HRS. 2c. DATE	MONTH	DAY YEAR	2d HOUR
1202	Fe	male Negrond	2-18-64 18	P YRS. HOUR	PRONOUNCED DEAD	10	30 1982	9:40
掘って		RTHPLACE (STATE OR REIGNICOUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER M	ARRIED 3. BALTIMORE CIT	Y OR COUNTY		AM
8	1	Pary land	U.S. A.		ORCED   Baltimo	re Cit	y	MD.
95//	ID. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		12e. USUAL OCCUPATION ( FOR MOST OF WORKING LIFE)		OR INDUSTE	
		altimore	552 Roberts	Street	Unemph	oyed		
35	USUA 13a. S		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE A	WN 13d. INSIDE CITY LIMIT				
	10	70.	tah	YES NO		ier by	2 N 6 -	
¥301	14. FA	THER'S NAME	MIDDLE / LAST	15 MOTHER'S M	MIDDLE	T) -	LAST	
8 -4	140 V	VAS DECEASED EVER IN U.S. ARA	AED FORCES? 166. SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRE	I L L I		-
DIVISION			WAR OR DATES)		IN Colema	5	Jones	- An
SIAIG /		18 CAUSE OF DEATH (Enter onl	y one couse per line far (a), (b), and (c	11	110 661600	,, -	APPROXIMATE	
۳) ;		PART I DEATH WAS CAUSED	BY: Seizure				BETWEEN ONSET	T AND DEATH
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USED AS A BURIAL - TRANSIT PER OF HEAITH AND MENTAL HYGIEI JRIAL, CREMATION, OR REMOVAL		Canditians, if any, which gave rise to immediate	(b)					
Z &		couse (a) stating the <u>under</u> - lying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF				
QQ		19119 (0036 1031.	(c)					
A A A	7	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1 (a)			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CERTIFICATION	190 DATE OF OPERATION	TIPL CONDITION FOR WHICH	OPERATION WAS PERFORMED?			2D AUTOPSY?	2
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PRI	MEDICAL	71d INJURY OCCURRED	21e PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)		CITY OR TOWN	COUN	TV .	STATE
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0.			e of the remains described above, held	don Autopsy XX Inspi	ection . Inquiry .	and in my opin	nion	
- 1 8		1000	al sauses . Accident .	Suicide . Hamicide	Undetermined monner	],		
WITH		ACTUAL	Her war	ASSIST	Y) ant	DATE	10/3	0/82
SE, ATH,		SIGNATURE	1 min	M.D. A5515U	MEDICAL EXAMINER	SIGNED		0/02
AFTER DEATH, BALTIMORE, M	0	EXAMINER'S NAME	Hormez R G	uard, M. Doress	111 Penn Street	Balto.	.MD 21	201
BALI	73a P	(TYPE OR PRINT)		OF CEMAETERY OR CREMATORY	23d. LOCATION CUMOR TOWN		,	
54	(	surject !	11-4-85 my	· Caluary Co	em Hose Hou	county	Count	1 mo
H - 17		JNERAL DIRECTOR	ADDRESS	5 C/ BAR	A LE, REC'D. BY REGISTRAR 256. AL	EGISTRAR'S SK		6
- 17 MF (5)\	1	Thin Ray	21-65 14/15	E. PRESS	AOC MA	un de	Carried	

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			STATE OF MARYLAND		144					
le	- STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	2 5 5 6 8					
20	I DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR					
y be	John		elhart	October 22, 198						
a moy	1.5EX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS (AST BIRTHDAY)	MONTHS DAYS HOURS MIN.					
0 43	Male	White	Sept. 24, 1909	7.3 YRS						
deoth. Po	Maryland	76 CITIZEN OF WHAT COUNTRY  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED							
黄 野	IN CITY OR TOWN OF DEATH  Baltimore	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII  Machinist	126. KIND OF BUSINESS OR					
4 hours do in be fill be fill	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	13e. STREET ADDRESS						
AND 2 AND 2 filled hould b	Md.	Baltimo		5467 Moore's H	Run Drive					
d within d within appletely found 2 sho	14. FATHER'S NAME FIRST  Joseph	MIDDLE LAST Engelha	15. MOTHER'S MAIDEN N FIRST Barbara	WIDDEE	ıringer v					
d comp	160. WAS DECEASED EVER IN U.S. A	2		ADDRESS	ringer					
on ond co	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 218-26-0	0680 Mrs. Leona	C. Engelhart Sa	ıme					
ST., BAL rifficate physici phopper emoval.		only ane cause per line for (a), (b), of SED BY: ATE CAUSE (a)	LATORY ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
ON ST h cert ding or bot or re-	4360	DUE TO, OR AS A CONSEQ								
RESTON e death ce attendin nave corb troumotic	Conditions, if any, which	( b) ASPIRE			10 M/W					
by the sase rems	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ	-		1 4R.					
gned by plea		(c) BILATES	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	/EN IN PART 1(a)					
ORDS, 2 ORDS, 2 require ren signi t. Then p or to bu y injury,	& ASCVO			Marin Toward						
O PETO	ASCVO 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)					
SION OF VITAL RI PHYSICIAN: The k ending physicion. this certificate hos the buriel-transit per ad Mental Hygene d or Item 18 shows		MAIN	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18. I	PART 1 OR PART 2)					
HYSICIA HYSICIA nding pl his certif buriol-t Surriol-t or frem	OR CONTRIBUTING CAUSE OF D	21e. PLACE OF INJURY	21f LOCATION		county and					
DIVISION C or attending or attending After this cer te as the burial olth and Meni marked or Ite.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE					
DIVI ATTENDING Sspital or atter ECTOR: After of for use os the for use os the for use os the for use os the	saw the deceased alive of	spital) attended the deceased from		n death occurred on the date and hou	or and from the causes stated					
2 4 2 0 0 0	27b, SIGNATURE	not) view the body after death.	DEGREE		22c. DATE SIGNED					
ral Or y the Ral Dil detach detach Tr. If th	and,			MEDICAL STAFF DIRECTOR PHYSICIAN	10/23/82					
A See E	22d. PHYSICIAN'S NAME (TYP		22e ADDRESS		/ /					
TO HOSI etained TO FUN should b with the	Willaim H.			Ospital Towson B	alto. Md.					
	230. BURIAL, CREMATION, REMOVA BURIAL		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE					
264/BP	24 FUNERAL DIRECTOR	1000.20,1982 M	ost Holy Redeemer	Baltimore ATE REC'D. BY REGISTRAR 251 (F.5)	FRANCIS SONA GRE.					
DHMH - 16 50M 4/82 (VRA 15, 4)	NAME	Inc. Baltimore,		CT 2 5 1982	may raming.					
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DHMH - 16 50M 4/82

(VRA 15, 4)

HUBBARD FUNERAL HOME,

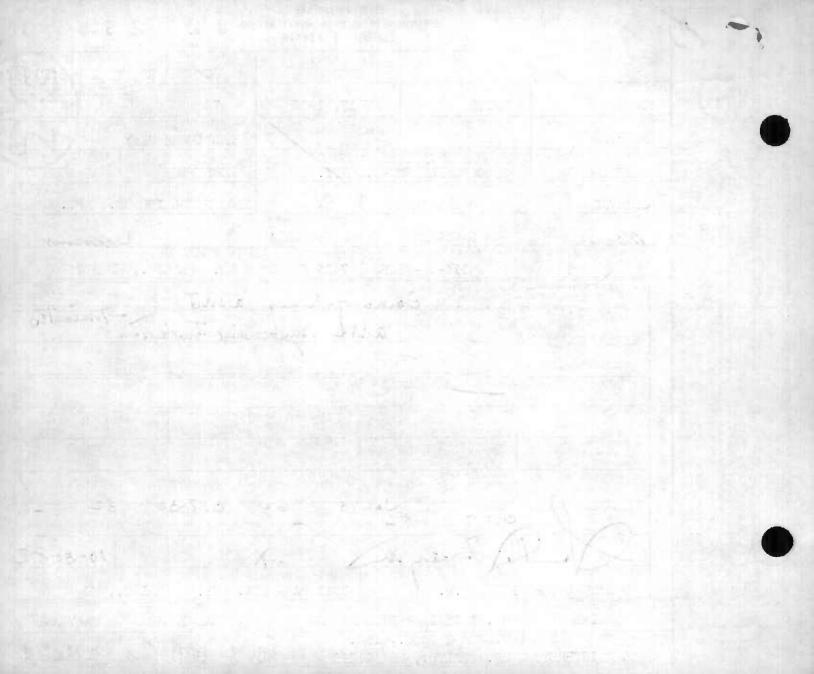
		STATE OF MARYLAND										-04						
	1.	FOR STATE	TATE								ENE 8	2	do	5	0	0	7	
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		CEASED NAME	FIRST		MIDDLE		A.J	ST			20. DATE C	OF DEATH	MONTH	DAY	YEAR	2b. HOL	8	
	(111)		CHARLE	S F	₹.	EN	GLEH	ART					10	27	82	9"	P. M	
	3. SEX	х	4. F	RACE		5.	DATE OF				6. AGE (IN	YEARS LAST BIR	THDAY)	IF UNDER	RIYEAR	# UNDER		
		MALE		WHITE			04	04 01 VEAR O3				79	YRS.		DAYS	HOURS	MIN.	
-	ra: Bli	RTHPLACE (STATE OR FOI	REIGN 7b.	CITIZEN OF	WHAT COUN	TRY? 8	MARRIED	NEVE	MARR	IED 🗆	9. BALTIMORE CITY OR COUNTY OF DEATH							
3	MARYLAND U.S.A.				Α.	MARRIED NEVER MARRIED WIDOWED DIVORCED					BALTIMORE CITY MD.							
0	10. CI	ITY OR TOWN OF DEAT	н 11.	11. NAME OF HOSPITAL, NURSIN						ION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)			12b.	12b. KIND OF BUSINESS OR INDUSTRY			
1	BALTIMORE			321 FULTON AVENUE				2122	3			CLERK DELIVERY					CO.	
á		AL RESIDENCE (IF NURSIN	G HOME OR OTH		GIVE RESIDENCE I			13d. INSIDE	CITYLI	MITS?	13a STREET	ADDRESS						
5	М	ARYLAND			BALTI		- 10	YES 😓	NO		321		ULTON	AVE	NUE.	212	223	
		THER'S NAME						15. MOTHE		IDEN NAM	E				111			
E	AMOS R. EN					LEHART LOTTIE					MIDDLE				THARLE			
		VAS DECEASED EVER IN		166 SOCIAL	SECURITY	Y NO.	17. INFORM	TAANT	100		ADDRE	SS	0.40	212:	23			
	(1	NO NO	(IF YES, GIVE W	ve war or dates) 215-10-9			891 LORETTA ENGL				HART	321	S. FU	JLTON	TON AVENUE			
		18 CAUSE OF DEATH	line for (o), (i	ne for (o). The and its 1.4								В	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)								-	sur	LL	م						
		4100										1						
	Conditions, if any, which (b)																	
		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSIDERING (FOR A)																
	underlying couse lost. (C) advanced																	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART													PART Ito	) '			
	CERTIFICATION																	
1	CAT	190. DATE OF OPERATION	ON	196 COND	TION FOR WI	HICH OP	ERATION	WAS PER	ORME	D	20a AU1	OPSY?		ES, WERE				
	TIF	A									YES 🗌	NOT		res 🗌	, AUSES	NO [		
>	CER	210. ACCIDENT WAS UNDER		216. TIME O	F INJURY M. MONTH	DAY	YEAR	21c. HOW	INJURY	OCCURRE	D (ENTER	NATURE OF INJU	RY IN ITEM 18	PART I OR	PART 2)			
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		sow to decide alive on 1991 1992, and that in (by) (our) opinion death occurred on the date and hour											our and fi	rom the	couses st	oted		
		DEGREE ATTENDANCE MEDICAL STAFF									22c. DATE SIGNED							
		Muler	nd	ATTENDING PHYSICIAN				ICIAN X	MEDICAL STAFF DIRECTOR   PHYSICIAN				10/28/82					
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		HERBERT J	LEVI	CKAS.	M.D.			5404	EA	ST DR	IVE:	ARBUTU	US, M	ARYL	AND	212:	27	
	23o. B	BURIAL, CREMATION, RI		23b. DATE		23t. NAW	AE OF CE	METERY O			23d. LOC			COUNT			TATE	
		BURIAL	1	10-30-	-82	L	OUDO	N PAR	K			TIMORI	E CIT		MARY			
	24. FU	UNERAL DIRECTOR			ADDR	DECE	2	1229		250. DATE		SEGISTRAP	25b. RPG	STRAR'S	SIGNATI	ORE		
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STATE OF MARYLAND

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STATE OF MARYLAND

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Singleton Funeral Home GlenBurnie Md

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	item 5, #G572 1		STATE OF MARYLAND	uvoiene 13 *3	0 5 / 7
3	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	256/
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ge 4 mo	3. SE	× Fe	4. RACE	S. DATE OF BIRTH  MONTH DAY  YEAR  15 /89	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS
death. Page	Jer8	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8.  MARRIED NEVER MARRIED  WIDOWED DIVORCED	Baltimore city or co	11
S offer d	10.0	Altimore MD	11. NAME OF HOSPITAL, NUR OF HOT IN SUCH FACILITY GIVE STR	SING HOME OR OTHER INSTITUTION RETADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	12b. KIND OF BUSINES INDUSTRY
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ires that the death certificate gned by the attending physici in please remove carbon pape burial, cremation, or removal. ty, or other traumatic event, th		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSTRUCTION OF TH		ERMINAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
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PHY this the bund W	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY ST
OR ATTENIOR hospital DiRECTOR: Iched for us Dept. of Hem 21 is		22s.1 certify that (I) (this hosp saw the deceased alive a above, N (we) (did) (did no 22b. SGNATORS	pital) attended the deceased from	DEGREE	, to, to	nd hour and from the couses state  22c. DATE SIGNED
HOSPITAL HOSPITAL FUNERAL WIld be dett h the State		22d. PHYSICIAN'S NAME WIFE	OFFICE ALNE	ATTENDIN PHYSICIA		D PAT ILL
O & O & \$ & \$ & \$ & \$ & \$ & \$ & \$ & \$ &	23a.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OF CREMATO	RY 23d. LOCATION BUTTON DATE MAN	e. md.
DHMH - 16 50M 4/82 (VRA 15 4)	24 F	UNERAL DIRECTOR	+ 4600h, bern		DATE REC'D. BY REGISTRAR LINE	REGISTRAR SULLAND

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ATTENDING PHYSICIAN, The for-

TO HOSPITAL

OR TATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH	2	2	5	6	7	Par Par Obj
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.					

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	)		
	CEASED NAME FIRST Ka	ruerine	AIDDLE L.		Eyerly			^4 '82 + / 82	26 HOUR
-	cmale	Thite		5. DATE C	F 72H 18 YEAR 02	& AGE (IN YEARS LAST BIRT	VDC	IF UNDER I YEAR	IF UNDER 24 HRS
L,	Maryland	U.S.		WIDOWE		9. BALTIMORE CITY OF Politimor	e, Cit	Balti	more Cit
1	Baltimore	St. A	mes Hosp	ital	t. Agnes Hospital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUSEWI	F WORKING LIFE	Own I	F BUSINESS OR
No. S		other institution ITY Baltim	GIVE RESIDENCE BEFORE OF BIY OR TOWN Cator	N	13d. INSIDE CITY LIMITS?	309 Wave 13. STREET ADDRESS 309 Wavela	land R nd Ros	oad ad	21228
	(unknown)	MIDDLE	Willis		15 MOTHER'S MAIDEN NAM (unknown	n)		(unk	nown)
	VAS DECEASED EVER IN U.S. AR/ YES NO OR UNKNOWN] (IF YES, GIVE	MED FORCES? E WAR OR DATES)	215-50-3		William E.	ADDRE: <b>Sengebusch</b>		as#	13
No	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	(c)	R AS A CONSEQUE			ASCALET DI			
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						YES TO NOT			OF DEATH?
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TO FUNERAL DRECTOR: After should be detached for use as with the State Dept. of Health MAPORTANT, If them 21 is

1630 Edmondson Avenue, Catonsville, Md. 21228

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RYL	H.	d 2 s	14. F.	ATHER'S NAME FIRST	WIDDLE	LAST			R'S MAIDEN NA	WEDDIE	LAST	
		G 5 58/6		Burton		Green		В	ertha		Adam	S
ORE	xec	Poges medica	16a. \	WAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (1F YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU		17. INFORM		ADDRESS		
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	TAL OR ATT	RAL DIREC detached rate Dept. VT: If Item		226. SIGN SIRE	Man		MO	DEGREE		MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SI	15/82
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	H		23a I	BURIAL, CREMATION, REMOV.			AME OF C	EMETERY OR	CREMATORY	23d. LOCATION	COUNTY	STATE
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(VRA 15, 4)

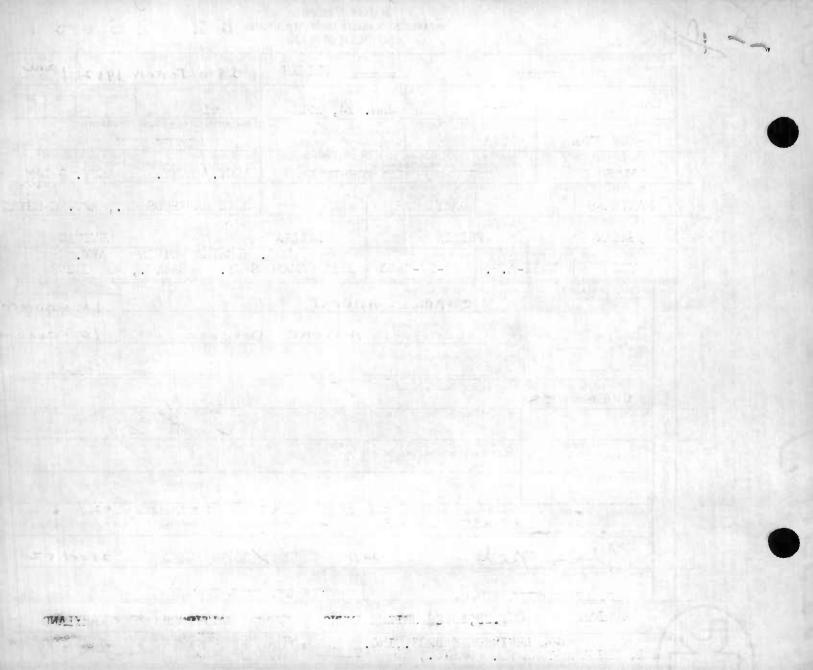
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				STATE OF MARYLAND		and the same	
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pital TOR: for us of He		22a.1 certify that X() (this hospital saw the deceased alive on above X() (we) (did) X(X(X(x))	ottended the deceased from _ September 29 19	September 22, 1982 82, and that in (Xy) (our) opinion	death occurred on the date		, that (X (we) last the causes stated
by the hos ERAL DIREC e detached State Dept. ANT: If them		Claudiant.	P0000+ M	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA	VINE	29/82
to HOSPITAL etained by to TO FUNERAL should be de- with the State IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE OR PR	Pellet	3900 Loch R	aven Blvd. Bo	ulto. Md 1	21218
BP		REMOVAL	23b. DATE 23c. 1 10-4-82 A	NAME OF CEMETERY OR CREMATORY	ene Koxbo	ro, N	STATE
DHMH - 16 50M 4/82 (VRA 15 4)	24. F	UNERAL DIRECTOR B	PILLS ADDRESS	F. Proston S/OC	T 4 - 1982	Gaistran's Sig	Cahiel

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page 3		CEASED NAME FIRST (OR PRINT)	RRAY	DLE	-FEI(	FEIGIN	20. DATE OF DEATH		1982	2b. HOUR AM
ts after d	3. SE	ALE	4 RACE WHITE		5. DATE C	PE BIRTH 24, 1921	6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
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mg c	USU 130. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO MARY LAND	OR OTHER INSTITUTION, GI UNITY	VE RESIDENCE BEFORE  It. CITY OR TOW  BALTIMOI	ADMISSION) N RE	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2812 DAMA	Tribbi.		#21209
Comine	14 F/	ATHER'S NAME URIAN	MIDDLE FE	IGIN <sup>LAST</sup>		15. MOTHER'S MAIDEN NA/ LILLIAN	ME		LEVIÎ	
medicol	16a. V	VAS DECEASED EVER IN U.S.		072-12-0		17 INFORMANT MRS 2812 DAMASCU		₽¥GIN ALTO.,	APT. MD 21	. C 1209
naval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED RY.	e for (0), (b), and		RAIZST				MATE INTERVAL DNSET AND DEATH
emotion, or re		Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR A	CC NGA	nnr	ARTONY	DISIZACE		1	rizans
njury, or oth	NO	PART 2 OTHER SIGNIFICAN  O) A-B-12-5-12	(c) T CONDITIONS <u>CON</u>			NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIVE	N IN PART III	,
ows ony it	CERTIFICATION	190. DATE OF OPERATION		ON FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED OF DEATH?
Mentol Hygie or frem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.M.	MONTH DA	Y YEAR 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN)	JRY IN ITEM IB PA	RT I OR PART 2)	
rked or h	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE, F.	ARM ETC	ZII. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
of Healt		22a.l certify that (#(this hose saw the deceased alive abave, # (we) (did) (did)	on 27 0 c1	19	2-1 8-7, or	oc/, 19 & and that in (my) (aur) opinion o		dote and hour	ond from the	that (we) lost causes stated
T: If flem		22b. SIGNATURE	Mills			DEGREE  ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED CT 82
with the Stot		224. PHYSICIAN'S NAME (TYP	HILLS. M.	D.		22e. ADDRESS 3501 ST.	PAUL STREE	r		c selet
3 ₹	23a	BURIAL, CREMATION, REMOV		23c N		EMETERY OR CREMATORY AMUNO	23d LOCATION BALTIMO		COUNMARY	LAND ATE
OM 4/B2	24 F	UNERAL DIRECTOR SO: 5010 REISTERST	L LEVINSON OWN RD. E	& BROS	INC	21215 250. DAT	FREC'D. BY REGISTRAL 1982	251 REGISTR	RAR'S SIGNAT	URE

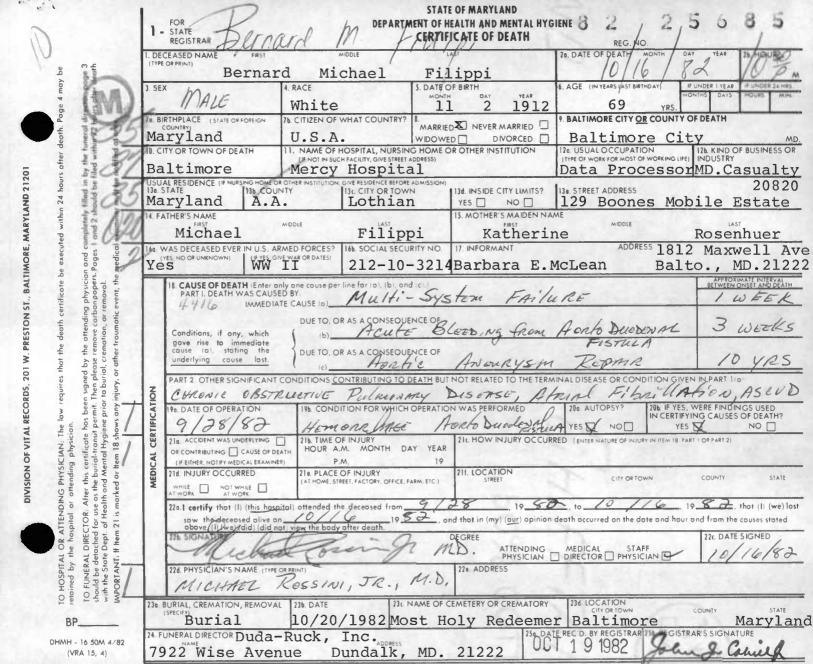


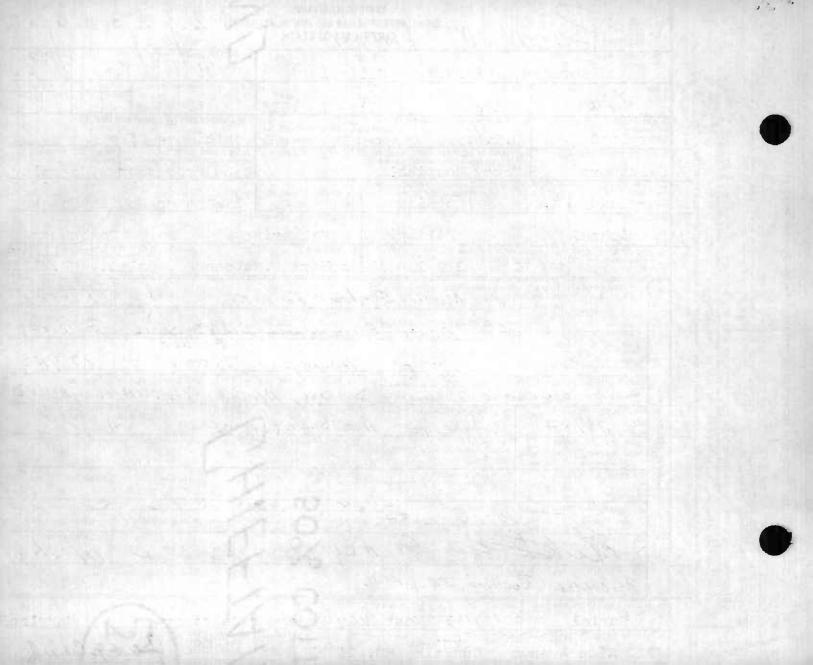
Charles to tellman Kelon X 17 34 Paris

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Edward FENTON Thomas OST 8 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR F UNDER 24 HRS Dec. 4, 1898 DAYS HOURS Male White 83 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore, Md U.S.A. WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) President WORKING LIFE PHUER Prod. C 1419 Park Avenue Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY 13c. CITY OR TOWN Baltimore 13d INSIDE CITY LIMITS? 1419 Park Avenue Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Harriett Marshall Bayliss Matthew C. Fenton 6a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT medico (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-01-111 Self: Edward T. Fenton -Yes WWI Oct. 1971 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: PROSTATE CANCER METASTATIC IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate or other couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 190. DATE OF OPERATION 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS USED M CERTIFYING CAUSES OF DEATH? NO YES NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 ö 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AUGUST PRESENT 220. Deertify that (1) this hospital) attended the deceased fram sow the deceased alive a and that in (my (our) opinian death occurred on the date and hour and from the causes stated obove (1) (we) (did) did not) view the body ofter death. 22b. SIGNM DEGREE 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS UNLOW HOSPITAL HEHORIAL should be with the S PURNELI 21044 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Cremation STATE CITY OR TOWN Green Mount Crematory Baltimore MD 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 AEGISTRAR'S SIGNATURE & MOWEN CO.108 W. North Ave DHMH - 16 60M 7/73 (VRA 15 (4))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH" REGISTRAR L DECEASED NAME KNOWN (TYPE OR PRINT) XXXXXXX Philip Fiorello DEATH MATED 82 19 4. RACE 2d HOUR SEX AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male White 11--21---25 56 DEAD 82 10:55 Th CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Baltimore Italy City DIVORCED WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore Harford Road/Men's Shop 3. RETAIN PA Attorney Private USUAL RESIDENCE (IF IN NUMBER OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION W. PRESTON ST., BALTIMORE, MD. 21201 COUNTY 13c CITY OR TOWN
Stonleigh 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE Maryland Baltimore 1017 Litchfield Rd 21239 NOX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Anthony MIDDLE MIDDLE Fiorello Maria DeVita 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS DIVISION No 056-14-7034 Mrs Peggy Fiorello 1017 Litchfield Rd 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple blunt force injuries IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION INER: THIS COLOR OF THE WOOL OF THE ME E FORWARDED TO THE CHIEF ME TOR: PAGE 3 SHOULD BE USED A TURE STATE DEPARTMENT OF HEA TORES TO BURIAL, COLOR OF THE TORES TO THE TORES T 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 19 82 CONTRIBUTING CAUSE OF DEATH subject beaten 21d, INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P WHILE AT WORK AT WORK clothing shop 6818 HarfordRoad Baltimore. MD Hamicide XX Undetermined manner death resulted from TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE SIGNED 10/5/82 SIGNATURE Hormez R. Guard.MD. EXAMINER'S NAME 111 Penn Street, Balto., MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Md Burial Parkville 10-9-82 Baltimore Parkwood BP 250. DATE REC'D. BY REGISTRAR 1266 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** Mitchell-Woedefeld Home 6500 XXXX York Rd 21212 (VR A15 ME (5)) 20M 4/82

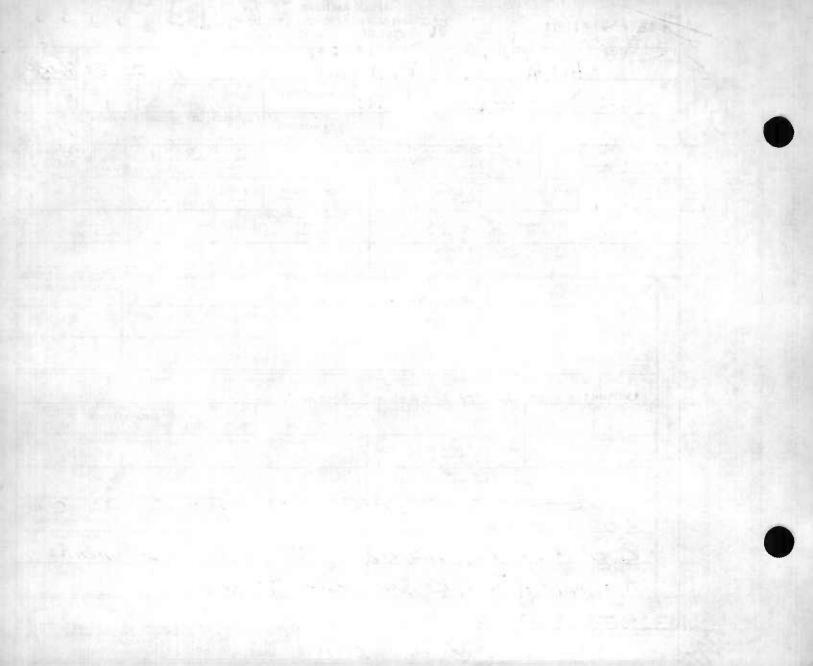
STATE OF MARYLAND

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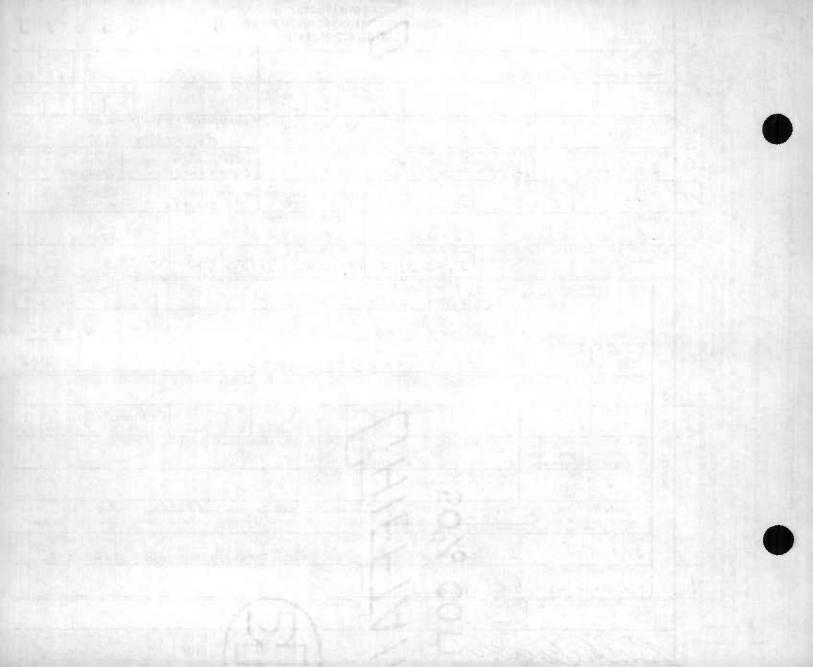
- 6	1-	FOR STATE REGISTRAR		DEPAR	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	2 2 REG. NO.	5 6	8 8
pe The		CEASED NAME FIRST OR PRINT)	ORRIS	MIDDLE		Namhzi =	20. DATE OF	120	82 6	HOUR DM
Poge 4 mo	3. SE	MALE	4 RACE WHIT	Ë	5. DATE C		8	2 YRS.	ONTHS DAYS H	UNDER 74 HRS
eoth. Pag	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY ROMANIA	76. CITIZEN OF	WHAT COUNTRY	? 8. MARRIE WIDOWE	XXXXNEVER MARRIED   DIVORCED		RECITY OR COUNTY		У мд.
offer de softer	10. C	BALTIMORE		HOSPITAL, NURS		OR OTHER INSTITUTION HOME	120. USUAL C	OCCUPATION CEOR MOST OF WORKING LIFE TTER	126. KIND OF B	USINESS OR
24 hours	Had S	AL RESIDENCE (IF NURSING HOPE) TATE  MARYLAND  13b. C	AE OR OTHER INSTITUTION	13c. CITY OR TO BALTIM	WN	136. INSIDE CITY LIMITS?	13e STREET 6	ADDRESS JONQUIL AVE	. 2121	5 :
marria mplete and 2	14. FA	MEYER	MIDDLE	FISHMAN		15. MOTHER'S MAIDEN NA ETHEL	AME	WIDDLE	IKNOWN LAST	
medical	16a V	VAS DECEASED EVER IN U.S. YES NOOR UNKNOWN) (IF YE	ARMED FORCES? S GIVE WAR OR DATES)	16b. SOCIAL SEC		17 INFORMANT 5406 JONQUI		DIAGGREPSISHMA BALTO., M	N	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or oftending physician. Wher this certificate has been signed by the oftending physician and complete, filled in the ost the burial-transit permit. Then please remove carbonapaers. Pages 1 and 2 then the ond Mental Hygiene prior to burial, cremation, or removal.  On the burial shows any injury, or other traumatic event, the medical adminit that the contraction of the property of	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICATION.	DUE TO, CO.	OR AS A CONSECUTIVE CONTRIBUTING TO	UENCE OF  UENCE OF  DEATH BUT  R	VOCAT CIAL  Clerotic F  NOT RELATED TO THE TERM  ENAL FA  N WAS PERFORMED	Heari	t disease  E OR CONDITION GIVE  2.  DESY [206. IF YES,		
ISION OF VITAL RE PHYSICIAN, The Ic trending physicion. This certificate hos the buriol-tronsit per and Memol Hygiene, ed or frem 18 shows	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C (IF EITHER, NOTIFY MEDICAL EXA 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	MINER) PLACE	OF INJURY A.M. MONTH P.M. E OF INJURY street, Factory, Office	DAY YEAR 19 E, FARM, ETC.)	21t. HOW INJURY OCCUI	YES RRED (ENTER NA			NO STATE
ITAL OR ATTEND by the hospitol o by the hospitol o RAL DIRECTOR. A e detached for use sinte Dept. of Head NIT: if them 21 is m		270.1 certify that (1) his is sow the deceased alive of the deceased alive of the deceased alive of the deceased alive of the deceased of the	e on 680 pm	10/20/19	82,0	nd they in (m) (our) opinion DEGREE  ATTENDING PHYSICIAN  122e ADDRESS		STAFF PHYSICIAN	10/2	GNED 1/82
TO HOSPITAL TO HUSPITAL Should be det with the Store	230.	BURIAL, CREMATION REMO	M -M.	TUA 1,1982 F	NAME OF C	2110 Pof C EMETERY OR CREMATORY SSIVE BENEFIT EF ASSOC	Prince 23d. LOCA RA	ATION NOALLSTOWN		1093. Mb
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR SO	DL LEVINS	ON & BRO	. INC.	250 D4	TE REC'D, BY	982 PAGIST	RAR'S SIGNATUR	hulf

(VRA 15, 4) 1/79

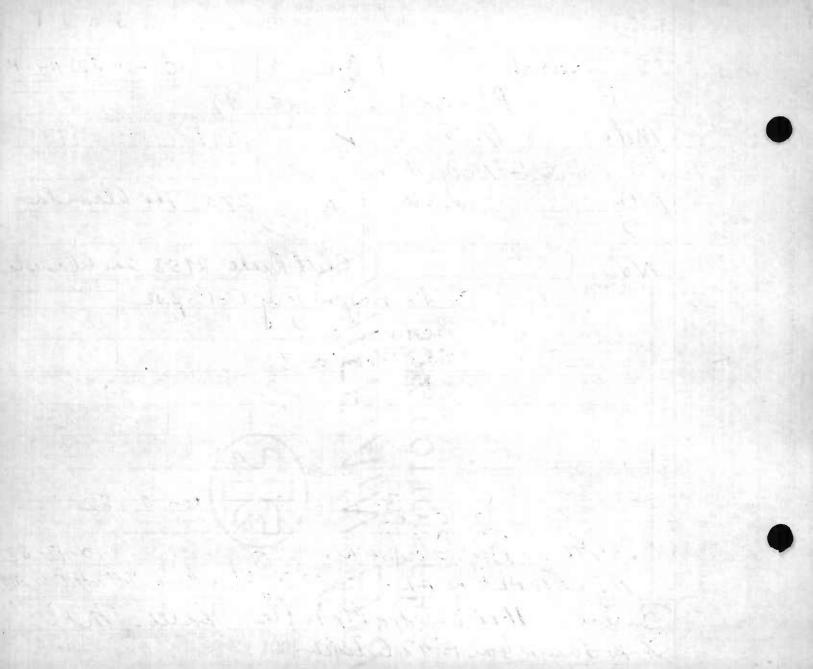
STATE OF MARYLAND



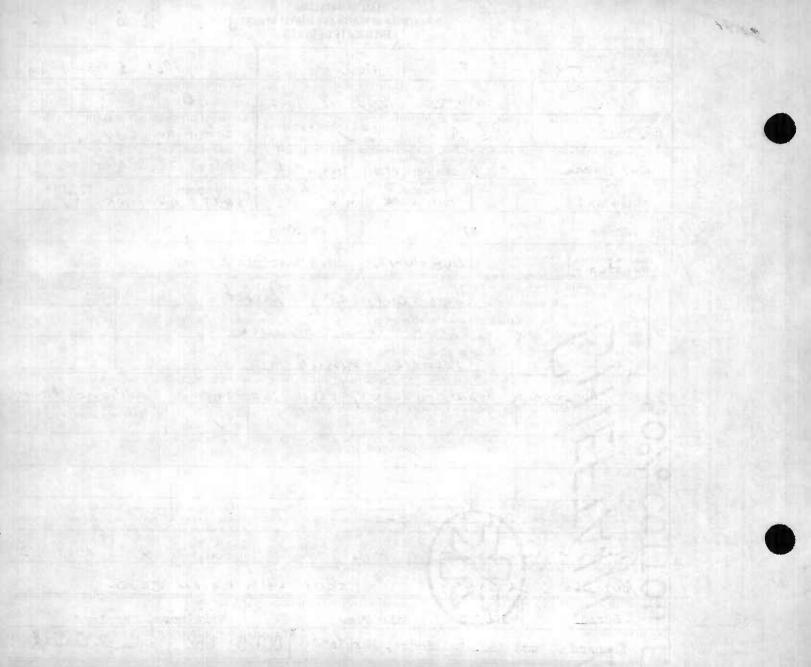
1	1				STAT	E OF MARYLAND				
	1	FOR STATE REGISTRAR		DEPARTI		ICATE OF DEATH	REG. N		5 6	9 0
(BB)		CEASED NAME FIRST		MIDDLE	-	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR
IVI	F		ABETH	2		JSHER	10	18	82	633AM
-	3. SE	remale	1. RACE	ıcasian	5. DATE (		6 AGE (IN YEARS LAST BI	MOI		FUNDER 24 HRS.
	70.8	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY	YRS. OR COUNTY O	FDEATH	
30		MD	U	, S.	WIDOWE	DIM NEVER MARRIED	1		CITY	MD
30	4	SALTIMORE	(IF NOT IN SU	HOSPITAL, NURSIN ICHFACILITY, GIVE STREET S174 & MAI	IG HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE)	126. KIND OF EINDUSTRY	
3	List	AL RESIDENCE (IF NUR INC. HOME	R OTHER INSTITUTION	N GIVE RESIDENCE BEFORE	ADMISSION)		LIBRARIA			
35	1.,	14	CIL	Nort 1+ EA	ST	13d. INSIDE CITY LIMITS? YES NO 🗹	P.O. BOX 47	7	21901	own Rd
5-7	-	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN N	AME MIDDLE		Tast	
1 3	R	· CLYDE		SHEPHE		OLIVE			STRON	9
Z medicol		WAS DECEASED EVER IN U.S. (18 YES.	ARMED FORCES? GIVE WAR OR DATES)	216 44 2		PT, 4 MEDICA	n C. Flaug	her No	rth Ea	ast, Mo
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or Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI	NER) F	P.M. OF INJURY	19	211 LOCATION	CITY OR TO	Nath!	COUNTY	STATE
morked	2	WHILE NOT WHILE AT WORK	(AT HOME, S	TREET, FACTORY, OFFICE, 8	ARM, ETC )	21KEE1	CITYONIC	WIN	COOMIT	STATE
If hem 21 is		22a.I certify that (1) (this ho saw the deceased alive obove, (1) (we) (did) (did 22b. SIGNATURE	on	y ofter death.	82,0	nd that in (my) (our) apinion DEGREE ATTENDING	MEDICAL STA	ote and hour a	nd from the cou	GNED
with the State	23a.	27d PHYSICIAN'S NAME PAR Beverly Burial, CREMATION, REMOV	Kel.	sey 13c1	NAME OF C	PHYSICIAN  22e ADDRESS  EMETERY OR CREMATORY	23d. LOCATION		10-18	STATE
50M 4/B2		UNERALDIRECTOR	110-2	0		East Method	ATE REC'D. BY REGISTRAN	h East	R'S SIGNATUR	E
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1	1-	FOR STATE REGISTRAR		LTH AND MENTAL HYGI ATE OF DEATH	REG. NO.	2 5 6 9 1
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	3. SE	F BLac	S. DATE OF MONTH	SAY 85	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
3	1	RTHPLACES STATE OF FOREIGN 76. CITIZEN OF WHAT C	WIDOWED	DIVORCED [	BOLFIN	UNTY OF DEATH
90	E	atimore LINCO	AL, NURSING HOME OR ( C. GIVE STREET ADDRESS)	U. CONTER	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	176. KIND OF BUSINESS OR INDUSTRY
35	130	AL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE)	ello 13	INSIDE CITY LIMITS?	0-6	e alameda
3200		THER'S NAME MIDDLE	LAST	MOTHER'S MAIDEN NAM	MIDDLE	LAST
the medico		/AS DECEASED EVER IN U.S. ARMED FORCES? 16b SO ES NORUNKNOWN) (IF YES, GIVE WAR OR DATES)	CIAŁ SECURITY NO.   17	Elith Dr	whe 2158	The Clanel  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
injury, ar ather traumo	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLE	UTING TO DEATH BUT NO	nía?	nal disease or condition	
m 18 shaws on	CERTIFICATION		OR WHICH OPERATION V		YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
ed or Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING   21b. TIME OF INJUR HOUR A.M. MC   4F EITHER, NOTH'T MEDICAL EXAMINER)   21c. NIJURY OCCURRED   21c. PLACE OF INJURAN WHILE AT WORK   AT	ONTH DAY YEAR 19	If LOCATION	ED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)  COUNTY STATE
rem 21 is mark		220.1 certify that (I) (this hospital) attended the deceases with edeceased alive an abave, (I) (we) (did) (did not) view the body after de 22b. SIGNATURE	0 19 7 2 and t	hat in (my) (aur) opinion de	eath accurred on the date on	d hour and from the causes stated
MPORTANT: If H		22d PHYSICIAN'S NAME (TYPE OR PRINT) A.I. BAYKALER	mp.	ATTENDING PHYSICIAN ATTENDED TO ADDRESS 3459 St.	MEDICAL STAFF DIRECTOR PHYSICIAN [	10-13-8
Odwi	y d	AL, CREMATION REMOVAL 23 DATE	2 St. Name OF CEM	ETERY ON CREMATORY	23d LOCATION CITY OF THE COLOR	LOUNTY STATE
//73	119	MEN DIRECTOR	3887 D. C. T.	relace. OCT	REC'D. BY REGISTRAR 258. RI	EGISTRAR'S SIGNATURE



				STATE	OF MARYLAND		27h 19.70	100
	1-	FOR STATE REGISTRAR	DEP		CATE OF DEATH	REG. NO	2 5	0 7 2
		CEASED NAME FIRST	MIDDLE	LAS	ST	10. 07.1.2 0. 02.1.1.	MONTH DAY	YEAR 2b. HOUR
	(III)	ZAM.	es J.	FL	VNN.	6	act 31	1982 12 40
	3. SE	Male	4. RACE White	5. DATE OF MONTH	DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UN	NDER 1 YEAR IF UNDER 24
19		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	VIRY2 8	☐ NEVER MARRIED ☐	Baltimore city of	COUNTY OF	
12		Baltinore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE GOOD SAW	JURSING HOME OF		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF RETITED SI	on Working Life) I	26. KIND OF BUSINESS
3	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULD	NTY 13c. CITY OR		13d. INSIDECITY LIMITS?	13e STREET ADDRESS 5937 6	len kire	k 21239
71	14. FA	THER'S NAME  James	MIDDLE Flunn LAS	ST	15. MOTHER'S MAIDEN NA  Carolyn	WE	,	LAST
1	160. V	VAS DECEASED EVER IN U.S. AF VES DO ORUNKNOWN) (IF YES, GI		-10-1723	17. INFORMANT Miss Patrie	ADDRE Cia A Flynn	SS	Same
	ATION	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  Congest	ive Heart F	ISEQUENCE OF ISEQU	vasculitis NOT RELATED TO THE TERM Chronic O		P41. P.	IN PART II III
			106 CONDITION FOR V	WHICH OPERATION				
	TIFICA	190 DATE OF OPERATION	line condition of		WASTERFORMED	YES NO		G CAUSES OF DEATH
9	CERTIFIC	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING	G CAUSES OF DEATH
9	MEDICAL CERTIFICA	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH	19		YES NO	YES YES YES	G CAUSES OF DEATH
If Item 21 is morked	CERTIFIC	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE AT WORK AT WORK 220.1 certify that (1) (this hasp	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	19 OFFICE, FARM, ETC )  from, one	211. LOCATION STREET  , 19 d that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN	YES NO RED (ENTER NATURE OF INJUR	IN CERTIFYINI YES	G CAUSES OF DEATH:  NO ORPART 2)  COUNTY STATE
If Item 21 is morked	CERTIFIC	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED  WHIE NOT WHIE AT WORK 22d. I certify that (I) (this hosp sow the deceased alive of above, (I) (we) (did) (did not 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE	21b, TIME OF INJURY HOUR A.M. MONTH P.M. 21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, C at) view the body after death!	19 OFFICE, FARM, ETC)  from 19.82, one	211 LOCATION STREET  19 d that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN [	YES NO RED (ENTER NATURE OF INJUR	IN CERTIFYIN  YES  YES  YES  YES  YES  YES  YES  YES	G CAUSES OF DEATH:  OR PART 2)  COUNTY STA*  That (1) (we defrom the couses state)  22c. DATE SIGNED  10 - 3 - 8
IMPORTANT: If Item 21 is morked or Item 18 shows ony	MEDICAL CERTIFIC	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED  WHIE NOT WHIE AT WORK 22d. I certify that (I) (this hosp sow the deceased alive of above, (I) (we) (did) (did not 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (A1 MOME, STREET, FACTORY, C at) view the body after death.  OR PRINT)  CASSANEGO	19 OFFICE, FARM, ETC)  from, 19.82, one	211 LOCATION STREET  7 19 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS SGOALOCE EMETERY OR CREMATORY	YES NO RED (ENTER NATURE OF INJUR  CITY OR TO  death occurred on the do  MEDICAL STAF	IN CERTIFYIN YES  YIN ITEM 18 PART 1  WN  , 19  Ite and hour on  FIAN X  CCC	G CAUSES OF DEATH:  OR PART 2)  COUNTY STA'  That (I) (we deform the couses state to the couse state to the couses state to the couses state to the couse st



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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE

1. DECEASED NAME

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG NO

IF UNDER 24 HRS

mon

STATE

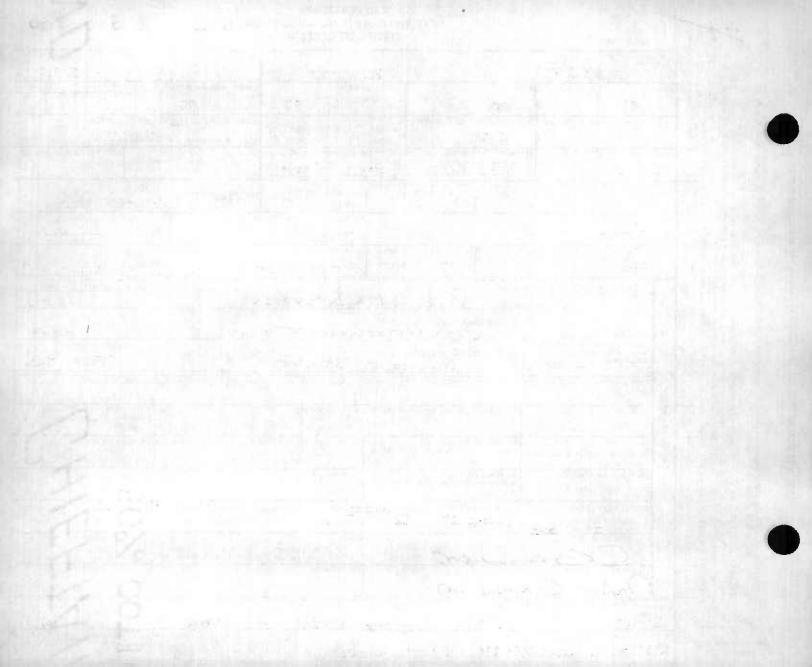
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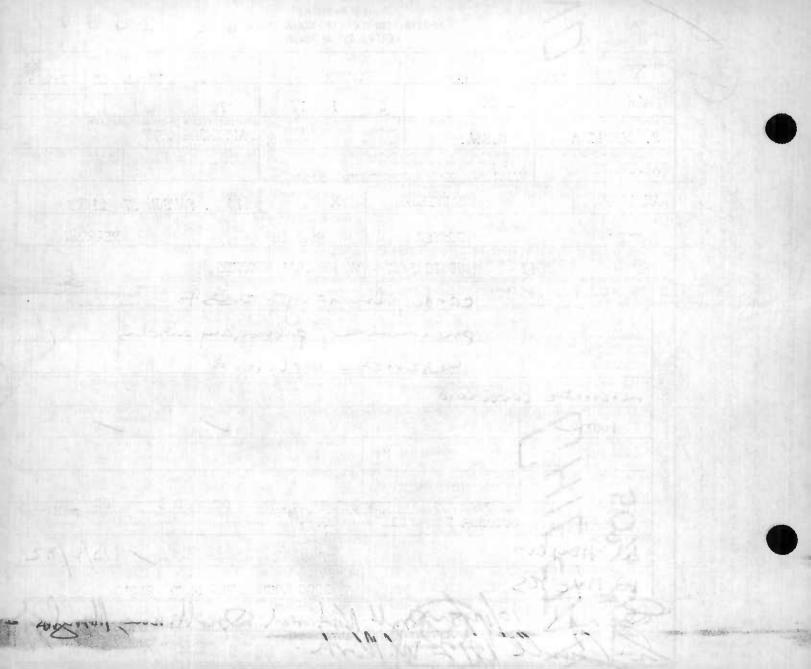
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO . DECEASED NAME KNOWNXX TYPE OR PRINTI OF ESTI-Forbes E. William DEATH MATED 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE 24 HOUR 9:57A LAST BIRTHDAY PRONOUNCED 10-11-82 26/20 62 DEAD Male 7a. BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED DIVORCED IE NC WIDOWED Baltimore City IA CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17a USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFF) OR INDUSTRY Union Memorial Hospital Baltimore 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Balto. 2619 Cecil Ave. Md. 14 FATHER'S NAME FIRST John Forbes Forbes 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMAN ADDRESS (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES NO 239-16-9125 Hill 2619 Cecil Ave. Charlotte CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION CATE, WRITE FORWARDED TO THE C...CED A COR. PAGE 3 SHOULD BE USED A C. C. CATE DEPARTMENT OF HEA 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOXX 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR LINDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALLIMORE, MARYLAND, 2 Inspection XX 22a I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion death resulted fram Natural causes Undetermined monner TITLE (SPECIFY) 10-11-82 ACTUAL Assistant SIGNATURE EXAMINER'S NAME Penn STreet Korell M.D. ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 73¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Cedar Hill Brooklyn 24 FUNERAL DIRECTOR 250 DATE REC'D BY-REGISTRAR 25% REGISTRAR'S SIGNATURE **DHMH - 17** Rice FSPA 1300 Eutaw Pl. (VR A15 ME (5)) 20M 4/B2

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441.	1.	FOR - STATE		DEF	PARTMENT OF	E OF MARTLAND LEALTH AND MENTAL HY LCATE OF DEATH	GIENE 8 2	2	5 6	96
		REGISTRAR CEASED NAME Wilbi	rst )	MIDDLE		AST	REG. N 2a. DATE OF DEATH	O. MONTH DAY	YEAR	26 HOUR
oy be						RRESTER		10 13	82	m
ector, p	3. SE	male	4. RACE black		5. DATE O		6. AGE (IN YEARS LAST BIR			HOURS MIN.
death. Pa uneral dir hin 72 ha.	10. B	IRTHPLACE (STATE OR FORE) COUNTRY) Md	GN 76. CITIZEN OF		NTRY? 8. MARRIE WIDOWI	D NEVER MARRIED		MADVI		MD.
# 4 P		altimore	(IF NOT IN SU	ICH FACILITY, GIVE	URSING HOME (	RYLAND 21218	12a. USUAL OCCUPAT	ION	126. KIND OF INDUSTRY	BUSINESS OR
24 havr	13a.	AL RESIDENCE (# NURSING P STATE 136 Md			E BEFORE ADMISSION) R TOWN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 2451 W. (	coldspr:	ing Lar	ne
MARYLA ed within mpletely and 2 sho	14 F.	ATHER'S NAME	MIDDLE	LAS	ST	IS. MOTHER'S MAIDEN N. Isabel			Forres	
IMORE, In and car		WAS DECEASED EVER IN ( (YES NO OR UNKNOWN)  YES	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)		05 1063	Naomi Hopki	ns 2856 W. (			
certificate b ling physicia ribanpapers, ricevent, the		18 CAUSE OF DEATH (E PART I. DEATH WAS (	CAUSED BY: MEDIATE CAUSE (0)	PN:	romon T	٨		4	APPROXIMA BETWEEN ON	ATE INTERVAL NSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs or attending physician and campletely filled in by when this certificate has been signed by the attending physician and campletely filled in by as the burial-transit permit. Then please remove carbonopopers. Pages I and 2 should be filled in hand Mental Hygiene prior to burial, cremation, or removal.  orked or Item 18 shows any injury, or other traumatic event, the medical comminerators be no		Conditions, if any, wh gave rise to immedi cause (a), stating underlying cause la	nich (b)_	OR AS A CON	ISEQUENCE OF LTTOUT	STWILES	FORT		SEVER	מלוא מלוא.
been signed mit. Then ple prior to burior on injury, or	ATION	PART 2. OTHER SIGNIFIC		ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER.	MINAL DISEASE OR CON		VERE FINDING	35 LISED
VITAL REC	CERTIFICATION	71a. ACCIDENT WAS UNDERLY		OF INJURY			YES NO	IN CERTIFYIN	NG CAUSES O	
ON OF VI	MEDICAL CE	OR CONTRIBUTING CAUS	E OF DEATH HOUR A	A.M. MONTI P.M.	H DAY YEAR	48.00	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
NVISION  AG PHY  other this  ss the but  h and Am  riked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, S'	OF INJURY TREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
(TTEND spital of spital of correct of the correct o		220.1 certify that (174th) saw the deceased a above, (150we) (did)	s hospital) attended t live an OCTOR (and now view the bod	he deceased to 13 y after death.	from <u>AUG</u> 19_82, o	0.8720 , 19 $82$ and that in (My) (our) opinion	, ta OCTOBER n death occurred an the d			nak/K(we) last ouses stated
At OR A to the host of DIREC detached one Dept.		22b. SIGNATURE	o rolyon	m		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE S	IGNED
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the State [IMPORTANT: If		22d PHYSICIAN'S NAME	(TYPE OR PRINT)  BALYUN	m		22e ADDRESS				
2		BURIAL, CREMATION, REM (SPECIFY) Surial	10/18	3/82	- 10 10 10	EMETERY OR CREMATORY  Memorial Pa	rk Arbutus		COUNTY ,	STATE
DHMH - 16 50M 4/B2	24 F	UNERAL DIRECTOR				25a. D.A	TE REC'D. BY REGISTRA	SV REGISTRA	THE CLAN	ug
(VRA 15, 4)	W	illiam C. Mai	cch F/H 110	01 E. N	North Ave	enue UU	I I O DOL	/		



8	1.	FOR STATE REGISTRAR			DEPART		EALTH AND	MENTAL HYG DEATH	IENE B	REG. NO.	La	5 0	7 /
7		CEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF		ONTH D	AY YEAR	2b HOUR
			FAY		ALLEN		OSTER				10 3		7:28p
is offer do	3. SE	ALE		BLACK		5. DATE C	F BIRTH	1 8 AR	6. AGE (IN YE)	ARS LAST BIRTHI		IF UNDER I YEAR	HOURS MI
nerol dir		RTHPLACE (STATE OR F		76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE		MARRIED T	9. BALTIMOR BALTIM			OF DEATH	,
by the fo		LTIMORE	тн	(IF NOT IN SU	HOSPITAL, NURSII CH FACILITY, GIVE STREET ALTIMORE,	ADDRESS)		1218	126. USUAL O				OF BUSINESS (
and be a second		AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION	BALTIMO	E ADMISSION)			13e STREET A	DDRESS PAYS	SON ST	T 212	23
Completely and 2 st		ATHER'S NAME FIRST NDREW		MIDDLE	FOSTER			'S MAIDEN NA/ MAGGIE	ME	WIDDLE		PEARŜ	ÖN
s. Poges	160	VAS DECEASED EVER YES NO OR UNKNOWN) VES	IN U.S. AR/	E.WAR OR DATES	166 SOCIAL SECT		VA MET	OICAL RE	ECORDS	ADDRES	5		KIMATE INTERVAL ONSET AND DEAT
in signed by the ottending. Then please remave carbo is to burial, cremation, as is injury, or other traumatics.	NOI	Conditions, if ony, gove rise to imm couse (a), statin underlying cause	which nediate g the last	(b)		ENCE OF	NOT RELATED	pulm arcin	oi d INAL DISEASE	ORCONDI	TIONGIVE	N IN PART 18	(a)
permit.	CERTIFICATION	190. DATE OF OPERAT	2		ITION FOR WHICH	OPERATIO			-	NO	IN CERTIFY YES	8	NGS USED S OF DEATH? NO
certifico rial-troi ental H)	MEDICAL CE	216. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	TH HOUR A	M. MONTH D	AY YEAR	35.7	NJURY OCCURF	RED (ENTER NATI	URE OF INJURY	IN ITEM 18 PA	ART 1 OR PART 2)	
After this e as the bu alth ond M morked or	MED	21d. INJURY OCCURE  WHILE AT WORK NOT WH AT WORK	ILE 🗆		OF INJURY REET, FACTORY OFFICE,		21f. LOCATI		OCT	CITY OR TOWN	100	county	STATE
for us of He 21 is		220. I certify that (I) saw the decease abave, W (we) (c	ed olive an.	OCTOR	ER 3 19	<u>82</u> , on		, 19 <u>82</u> ) (our) opinion (		oBER an the dot		ond from the	
e detoched State Dept.		226 SIGNATURE  226 PHYSICIAN'S NA	ye	<b>V</b> 7			22e ADDRE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	AND	10/-	3 SIGNED
should be det with the State		13 My	EN	5,	/		39	00 LOCH			212:	18	
		BURIAL CREMATION,	REMOVAL	23 by DA 7/1	45~ 3	Shalf	· Wish	CREMATORY	Son	A TO	nue	COUNTRY	nelos
- 16 50M 4/82	24 F	INERAL DIRECTOR		10 11	1 MADDRES	1/1/	wh		E REC'D. BY RE	1982	b. RECISTS	AR'S SICOLA	Church



- STATE

TYPE OF PRINT

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

I. DECEASED NAME

7148 FOREST AVENUE, 21076 McCULLOUGH ADDRESS HANOVER, MD. 21076 7148 FOREST AVE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated PRE DATE SIGNED ST. AGNES HOSPITAL, 900 S. CATON AVENUE BURIAL PIKESVILLE BALTIMORE 24. FUNERAL DIRECTOR BY REGISTRAR 2 6 REGISTRAR'S COLO 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

07

82

IF UNDER 1 YEAR

2b HOUR

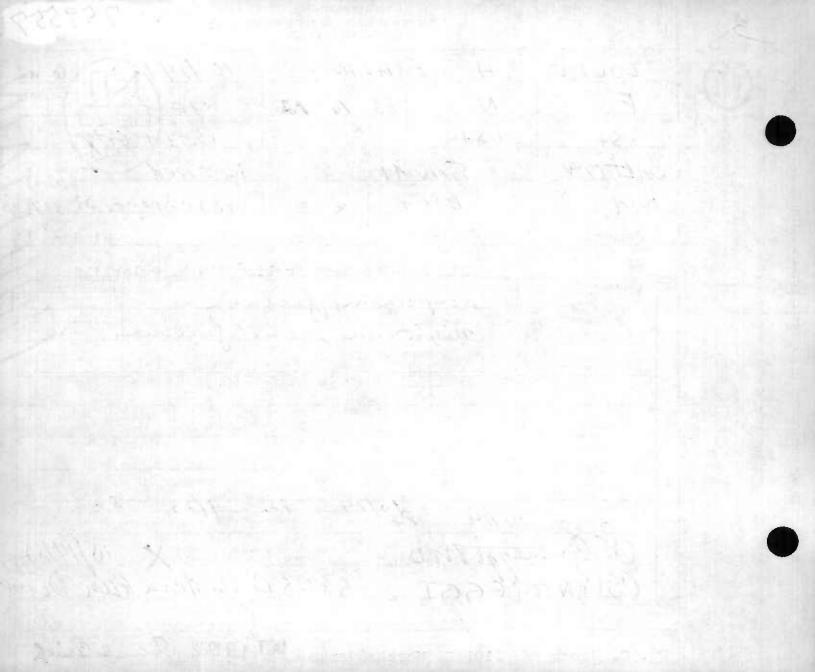
126. KIND OF BUSINESS OR

CLOTHING

10:45P

20. DATE OF DEATH

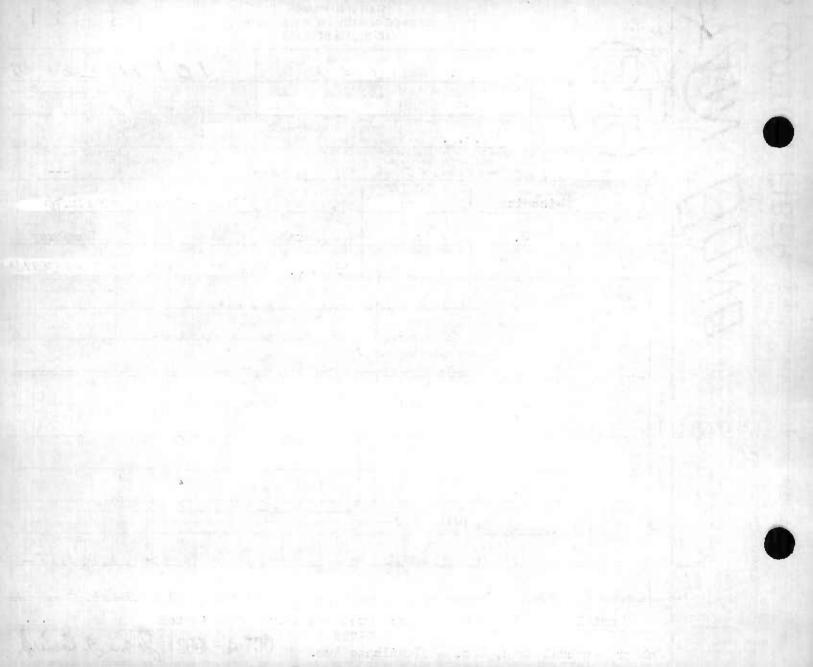
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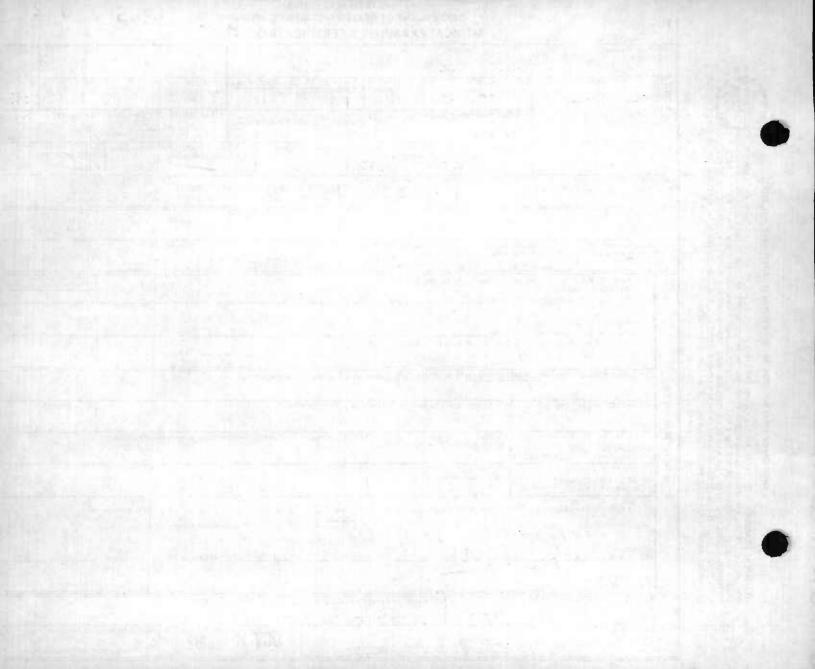
FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 2 2	5 / 0 0
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR DIM
	S EDWARD	FRANCIS	10/	13/82 11:15
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White	3 7 36	46 vas	MONTHS DAYS HOURS MIN.
JO BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	TY OF DEATH
COUNTRY)	IISA		_	
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	G HOME OR OTHER INSTITUTION		126, KIND OF BUSINESS OR
Raltimore	St Agnes Host	ADDRESS)	TYPE OF WORK FOR MOST OF WORKING	
			1	
Maryland State	NTY 13c. CITY OR TOW	YN 13d. INSIDE CITY LIMITS? YES X NO		21229 rick Rd. Apt. C
14. FATHER'S NAME	MIDDLE LAST			LAST
John			, , , , , , , , , , , , , , , , , , ,	Biggs
		JRITY NO. 17 INFORMANT	ADDRESS	21202
YES 1959	-1961 215-32-3	8910 Richard G.	Francis 601 E. F.	
18 CAUSE OF DEATH (Enter o	nly are couse per line far (a), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	ED BY.	enterhalmenth.		BETWEEN CHIEF AND DEATH
MMEDIA	TE CAUSE (a)	er cynard parting		
	DUE TO, OR AS A CONSEQU	ENCE OF		
gave rise to immediate	(b) nipitur	Hum		
	DUE TO, OR AS A CONSEQU	ENCE OF		
	(c) aliema	uya		
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
e Husholu	repalities		Ten HIZORGYO Ten HI	P.C. LUIEDE SINIDANIOS
S DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
RIE				YES NO
			RRED (ENTER NATURE OF INJURY IN ITEM 18	B PART 1 OR PART 2}
SE CONTRIBUTING CAUSE OF DE	ALD .	19		
21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	JATHOME, SINCEL, PACTORT, OFFICE, I	2000, 516 1		
22a.1 certify that (1) this hosp	oital) attended the deceased fram	10/13 19/32		, 19 12 , that (1) (we) last
			n death occurred an the date and h	aur and fram the couses stated
22b. SIGNATURE	or) view the body offer death.	DEGREE		22c. DATE SIGNED
# 20	Summer!	ATTENDING	MEDICAL STAFF	10/12/09
22d SHYSICIAN'S NAME (TYPE	OR BOINT)		DIRECTOR PHYSICIAN	110/13/02
		THE ADDRESS		
(SPECIFY)			23d. LOCATION	COUNTY STATE
Cremation	10/15/82	Loudon Park Cremat	ory Baltimore	Maryland
24. FUNERAL DIRECTOR	ARPON	21229 م	ATE REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
Hubbard Funeral H	Home, Inc. 4107 W	ilkens Ave.	10 1905	- Co lawely
	TOTAL PROPERTY OF PEATH (Enter or PART I. DEATH WAS CAUSE OF OPERATION  18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF OPERATION  18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF OPERATION  19. DATE OF OPERATION  21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUT	TABLE REGISTRAR  1. DECEASED NAME PIRST MIDDLE PROPERTY DAMES  3. SEX  Male  White  Starl  White  White  White  White  White  White  White  White  White  Starl  White  White  White  Starl  White  Starl  White  White  White  White  White  White  White  Starl  White  White  White  White  Starl  White  Wh	DECEASED NAME	1 STATE REGISTAR  1 OPECASED NAME 19831 MODEL 1451  1 DECEASED NAME 19831 MODEL 1451  1 DECEMBRIPHACE (SMATE OFFORED IN THE COUNTRY) MARRIED 1 NOVER MARRIED 1 NOVEM

BILL BUYEVE College of the colleg the grot new all ... vendered life's except to the time of the control o

1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 2	25701
1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	CASEY		FRANZ	/0//	1/82 62: 41
3. SE	x Male	4.RACE White	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  2 DAYS YR	IF UNDER 1 YEAR IF UNDER 24 HRS
6	IRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTI	RY? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR COUR	NTY OF DEATH
7/10 C	ITY OR TOWN OF DEATH		WIDOWED DIVORCED RSING HOME OR OTHER INSTITUTION REET ADDRESS)  THE SPIRE STANDARD SPIRE STANDARD SPIRE SPIR	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN N/A	12b. KIND OF BUSINESS OR
13a. Ma	AL RESIDENCE (IF NURSING HOME OR STATE WICOUN WICO	OTHER INSTITUTION, GIVE RESIDENCE BE ITY 13c. CITY OR T	OWN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS 1103 Keniwort	h Drive 21801
2/	Bruce		15 MOTHER'S MAIDEN NA FIRST Sarah	WIDDIE	Humphrey
2 160.	WAS DECEASED EVER IN U.S. AR, yes, no,or unknown) (If yes, give NO	MED FORCES? 166 SOCIAL SI WAR OR DATES) N/A		anz , 1103 Kenil	worth Drive 2180
	Conditions, if any, which	( ib) Occor	10 de - 25 1. t	constation.	
2 LIFICATION	gove rise to immediate cause (o), storing the underlying cause lost  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE	OUENCE OF JET CYLLAS TO DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 200 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
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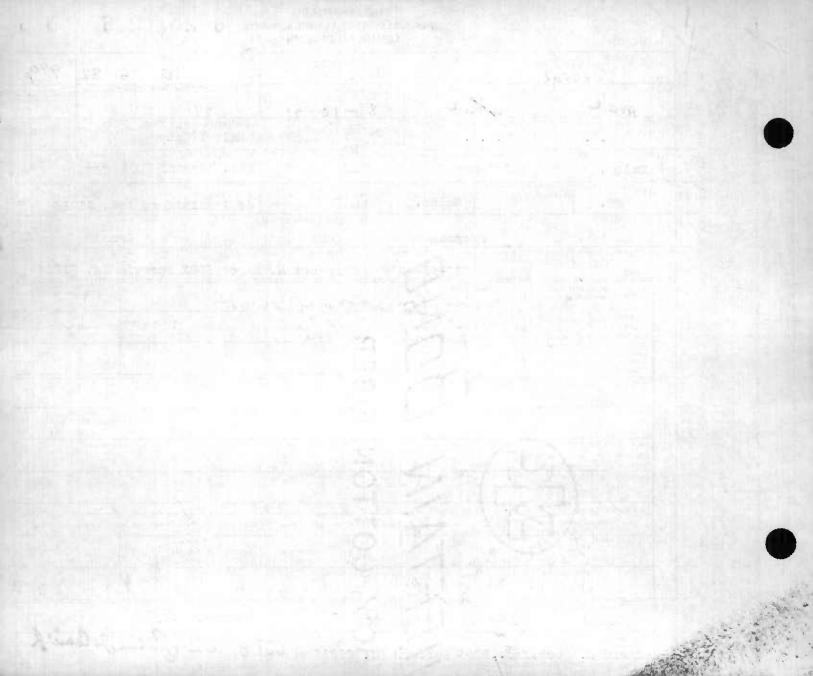
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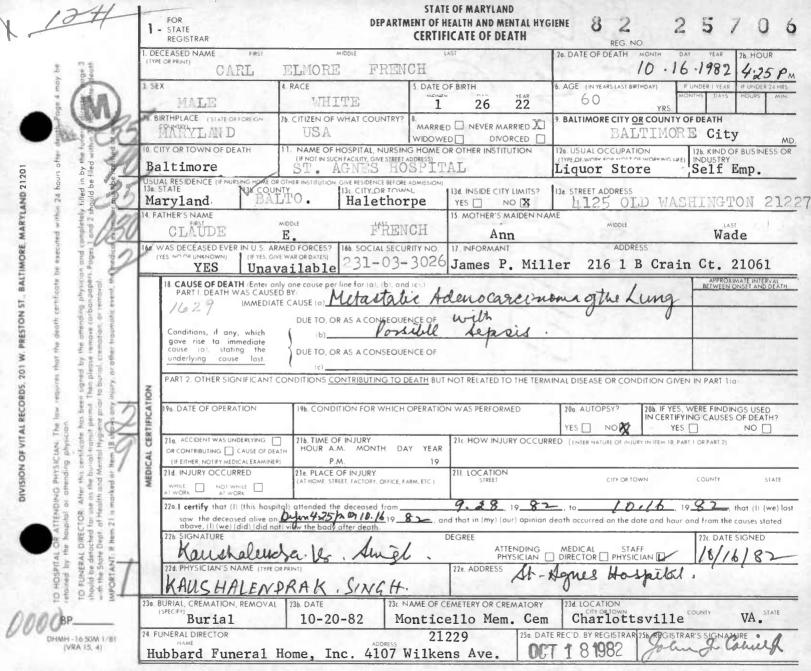


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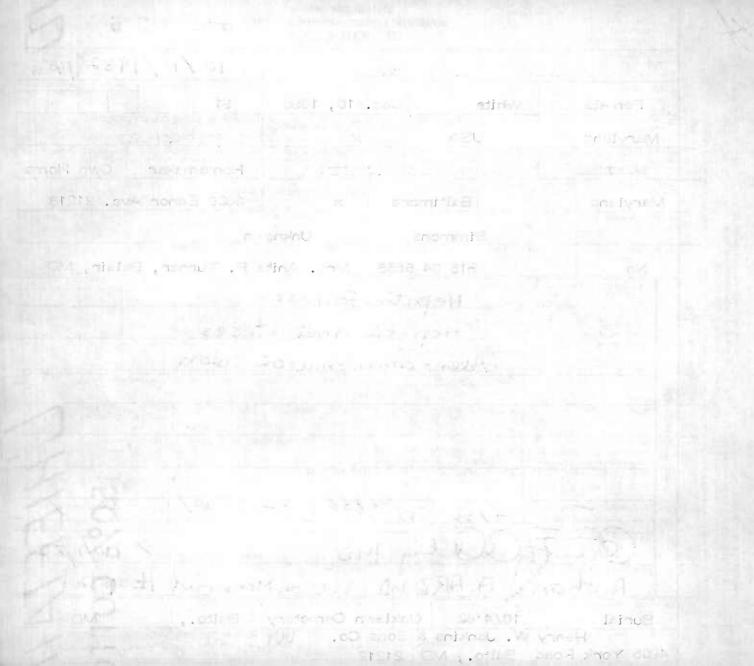
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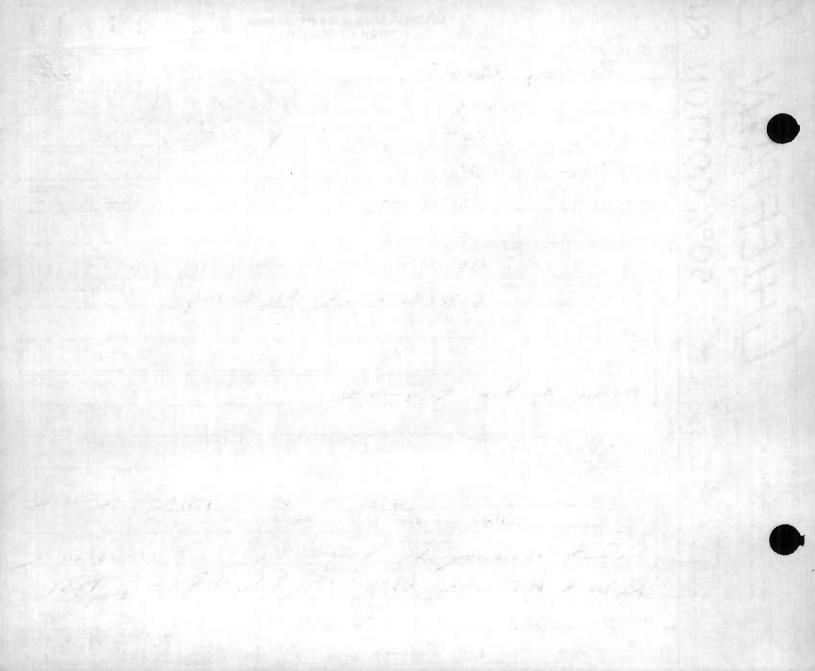
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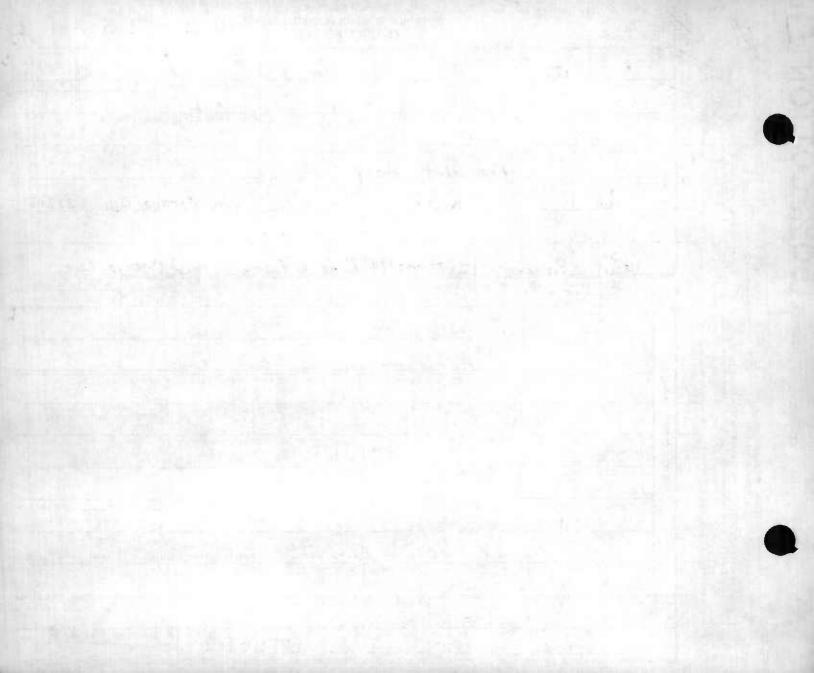


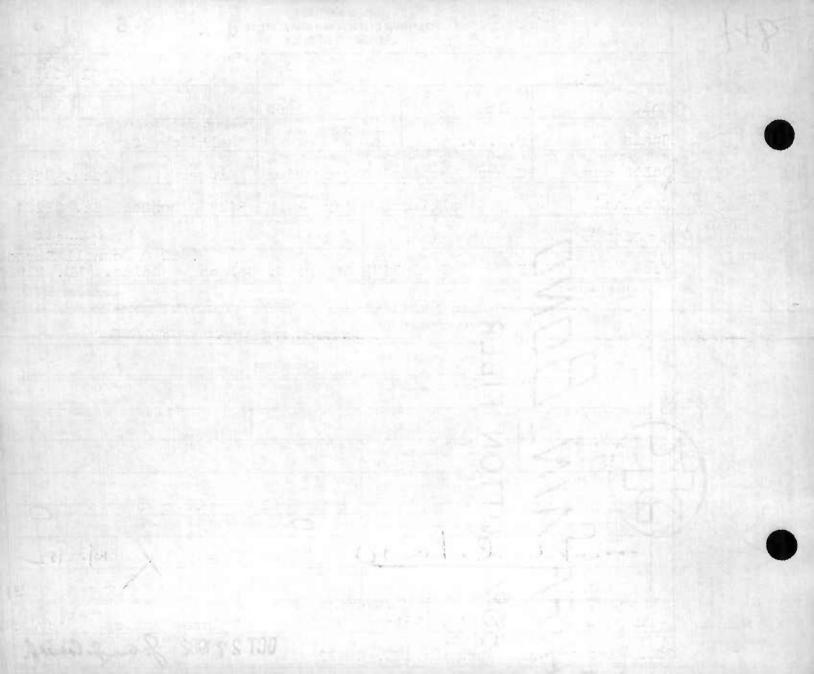
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	24 FU	JNERAL DIRECTOR			Mem. Pk	Taure Mo		UBER A
(VRA 15, 4)		Wm C March F/H,	Inc. 1101°	E. North	Ave. OCT	26 1982	and com	





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAMBET NIRCE Galles 20 DATE OF DEATH 1 PMIN 4 DAS 2 Rend 2b HOUR 830 (TYPE OR PRINT) 82 Sernice IF UNDER 1 YEAR 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE IF UNDER 24 HRS 5. DATE OF BIRTH 23 MONTH 1946 -emale aucasiar 66 TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. Baltimore City, WIDOWED DIVORCED [ IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Mercy Hospital Instructor-Law Enforcement BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE N/A 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 124 W. Franklin St. #1511 Maryland Baltimore YES K 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Ünknown Redd Werner to Records 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. NO OR UNKNOWN) 579-64-8059 William T. Gales Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ntar ctio Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 98 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygiene pei NO YES [ NO F 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ond Mental MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211. LOCATION 0 21d. INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOI WHILE AL WORK 10/24 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on 10/24 (I) (we) (did) (did not review the body alter death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 77 SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF should be detained with the State D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: PHISICIAN'S NAME (TYPE OF BRINT) 220 ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY OR TOWN Burial Mt. Pleasant Prince Edw Meherrin\_ Cem. Mate Was Funeral Home, Catonsville, MD 250 DATE REC'D. BY REGISTRAR TIME DHMH - 16 50M 4/82 Doyne-Burger Funeral Home, Farmville. (VRA 15, 4)

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OR ATT OR ATT DIRECT Sched f Dept. of f ftem 2		226. SIGNATURE	4	DEGREE		27c DATE SIGNED
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

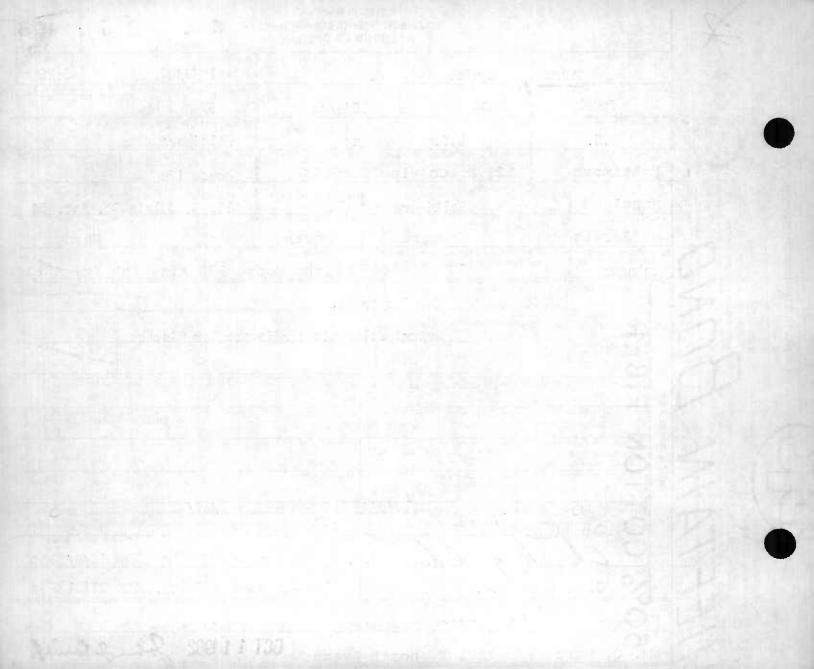
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Wm. C. March F/H 1101 E. north Ayenue

FOR

STATE OF MARYLAND



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-	Male	White S. DATE OF BIRTH DAY YEAR 17	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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201 100 100 100 100 100 100 100 100 100	Baktimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  OTHER INSTITUTION GIVENESSIDENCE BEFORE ADMISSION)	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY POST OFFICE U-S. GOV.T
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b) W. PRESTON ST., I that the death certific d by the attending phy lease remove carbon pe oil, cremoficin, or remo or other traumatic even	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (c)  (d)  (d)  (d)  (d)  (d)  (e)	mut
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D HOSFIT, D FUNER, O FUNER, O FUNER, O FUNER, MORTAN	170 PHYSICIAN'S NAME (TYPE O		HOSP
DODO	230. BURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OF CREMAJORY 10-27-1982 GARDINS FAITH	2552 X BALTO MO.
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= + 3 ≥	23a. E	SURIAL, CREMATION, REMOVAL	. 23b. DATE	23 α.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO		COUNTY	STATE
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STATE OF MARYLAND

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1101 E. Borth Ave.

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(VRA 15, 4)

Wm C March F/H, Inc.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	y the	ther		cause (a), statin underlying cause	g the	DUE TO, O	RAS A CONSEQUE		in Betes, H	TV			
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DIVISION OF VITAL RECORDS,  VINTH ING PHYSICIAN: The low region:	beer mit.	Out C	CERTIFICATION	19a DATE OF OPERA	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING	
V /	hos ene	Smoot	TIF							YES NO	YES		NO 🗌
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SICTA PP P	rial-tr	Item	CAL	(IF EITHER, NOTIFY MEDI	CALEXAMINER)	Р.	.M.	19			-1-10		
PHY endi	this nd M	to p	MEDICAL	21d INJURY OCCURE		21e. PLACE LAT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC 1	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
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ATT	ed fo	E 3		above, (1) we) (	did V(did nat	view the bady	alter death.	1000	DEGREE			22c. DATE SI	
the h	L Dig	F 19			0	llan	~ mD		ATTENDING	MEDICAL STA		101	9/82
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0 g	54.3	₹	23a. E	BURIAL, CREMATION,		23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COPALLA -	STATE
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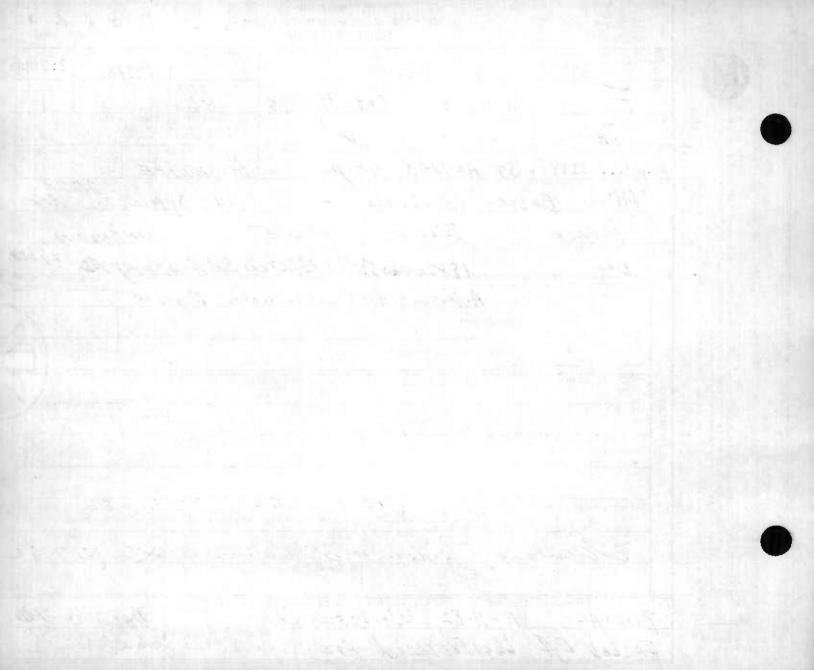
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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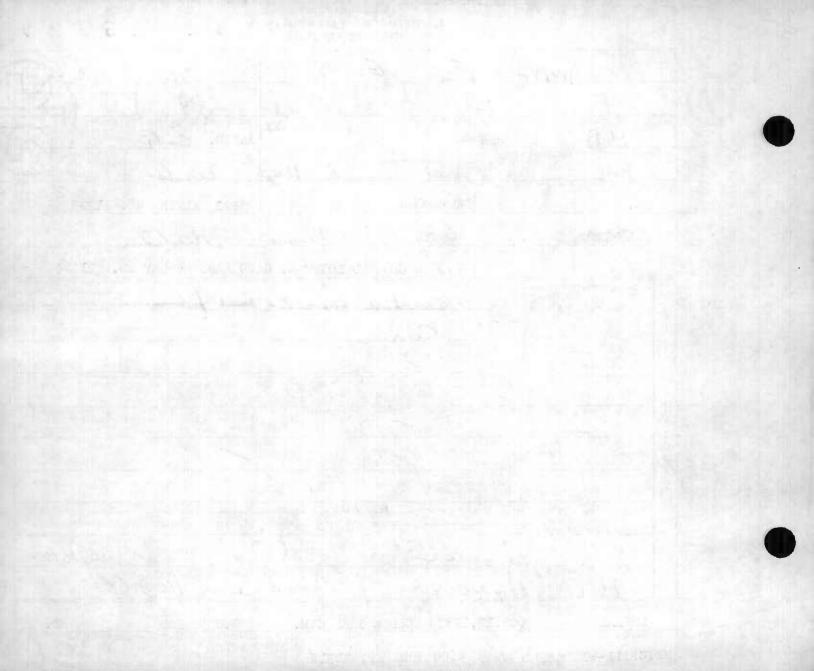
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	3. SE		RACE	GIRTON	F RIRTH	6. AGE (IN YEARS LA	10/07/8		UNDER 24 HRS
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rs ofter d by the fur filed withi	_	ALTO., CITY	(IENOT IN SUCH FACILITY, GIV	NURSING HOME O	ROTHER INSTITUTION	12a USUAL OCCU	OST OF WORKING LIFE) IT	B. KIND OF BUNDUSTRY	JSINESS OR
2120 haurs haurs be file	LIST	AL RESIDENCE HE NURSING HOME OR O	ST. AGN	E BEFORE ADMISSION)	55 p.	THOUSE	VIFE	1/2	20
AND 2 hould b		MD. BA		CUSVILLE	13d. INSIDE CITY LIMITS	1245.	SYMING.	TON 1	AVE.
MARYLAND 2120)  ed within 24 hours of mpletely filled in by and 2 should be file bronning mus bego	14. E/	THER'S NAME FIRST HORACE	Bei	icen	15. MOTHER'S MAIDEN	NAME MIDD	UNK	LAST	. ,
		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT	AC	DRESS	100000	7 1778
BALTIMORE, cote be execut systican and co ppers. Pages vol.	2	YES, NO OR UNKNOWN) (IF YES, GIVE Y	VAR OR DATES)	09-685	WM. GIR	TON 518 A	CADEMY	RD	7/200
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY: A de		Carlana	c. 0 1	cacce	BETWEEN ONSE	T AND DEATH
N P DO 5		U > G >	CAUSE (0)		Caraiova	sewar pi	seuse		1207
PRESTON he death contendin emove cark matian, or		Conditions, if ony, which	DUE TO, OR AS A CON	ASEQUENCE OF				LUS	E E No
. + 0 0		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	ISEOUENCE OF				1158	1.53
d the			(c)						
RDS, 20 equires n signer Then pt r to burn injury, 9	z	PART 2 OTHER SIGNIFICANT CO	inditions <u>Contributin</u>	IG TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR C	ONDITION GIVEN I	V PART 1(o)	
bee bee	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	USED DEATH?
VITAL RI NI: The lo hysicion. Icate has ronsit per Hygiene 18 shows	- E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCC	CURRED (ENTER NATURE OF			
NOF VITA  SICIAN: TI ng physici ng physici rinol-tronsi tem 18 sh	1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONT	TH DAY YEAR					
//SION //SION ####################################	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY	DRIOWN	COUNTY	STATE
DIN NDINC Il or a R: Affe use as Tealth is mork		228.   certify that (I) (this haspita	) ottended the deceased	from 10	19_	2 to /	0-7 19	82. that	(I) (we) lost
TEN Dital TOR for us		sow the deceased alive on obove, (1) (we) (did) (did not)	10-7	19 8-2 01	d that in (my) (our) opin	ion death occurred on t	ne date and hour and		
OR AIT DIREC Oched f Dept. of fem if		17h SIGNATURE	view the body ofter deoth		DEGREE			22c. DATE SIG	NED
AL TE		Lainen	re Er	down	M. O PHYSICIAN	G MEDICAL DIRECTOR PH	STAFF	10/-	7/82
O HOSPITAL O HOSPITAL TO FUNERAL Should be det with the be det with the be det	7	22d. PHYSICIAN'S NAME (TYPE OR I	RINT		22e. ADDRESS			,	
- 0 - 0 - 0									
Of of Order	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATO	RY 23d. LOCATION	N 7 co	UNITY	STATE
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DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR	6601 Fee	KEN INV	AVE 250.	DATE REC'D. BY REGIST	KARIZM REGISTRAR	I Cali	ich
,	1	THREE FIT	WOOJI FEL	MICH	1110	. 10.00	V		V



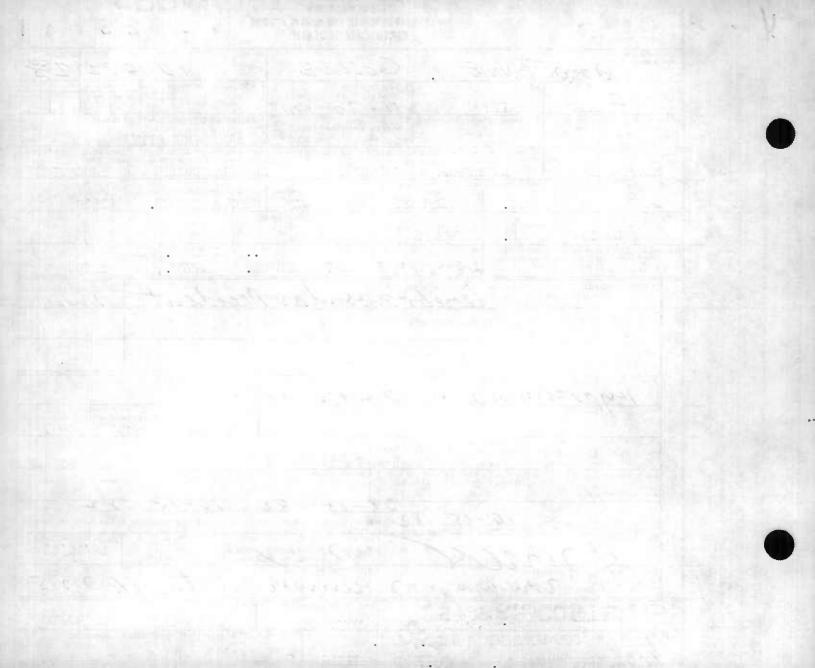
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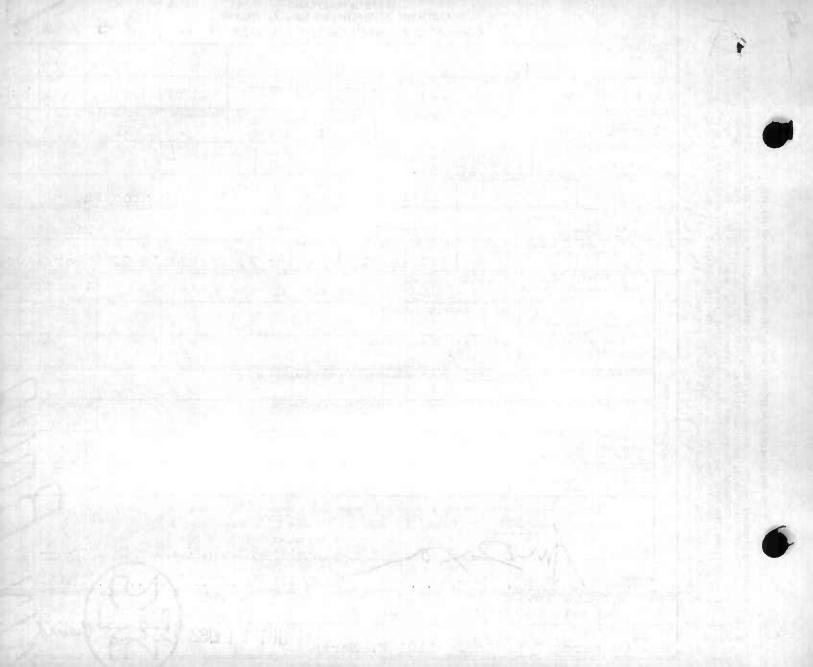
The STATE REGISTRAR CERTIFICATE OF DEATH SEG. NO.    DECEASED NAME   TRS1			STA	TE OF MARYLAND			
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THE PRINCE CONTROL TO	(TYPE OR PRINT)	ANNA	F. E	roely		10 16 8	2 4
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SOLAL RESOURCE (IF NAMES) AND COUNTY NOTIFIED TO DEATH SUITED AND ADDRESS OF STATE OF THE STATE	B CITY OR TO	VN OF DEATH 11. NAME OF	F HOSPITAL, NURSING HOME		120 USUAL OCCUPATION		
THE STATE   TOWN   TOWN	B	90	Good Son	monte hospit	(TYPE OF WORK FOR MOST OF		TRY
THE FATHER'S NAME  WILLIELIN  F.  GOETZ  JIS MOTHER'S MAIDEN NAME  WILLIELIN  F.  GOETZ  JIS SOCIAL SECURITY NO.  JIS CAUSE CORES RIVES AND ECCES?  JIS SOCIAL SECURITY NO.  JIS CAUSE OF BRATH JESTED ONCES?  JIS CAUSE OF BRATH JESTED ONCE OF BRATH	UAL RESIDE	ICE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY	DN GIVE RESIDENCE BEFORE ADMISSION		13e. STREET ADDRESS		
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160 WAS DECEASED FROM U.S. ARMED FORCES?   18th SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   17th SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   ADDRESS   17th SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   ADDRESS   ADDRESS   17th SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   ADD	26	MIDDLE			VE WIDDIE	1-	LAST
NO    2/2 ol 6//    DOROTHY E. DADD 8405 NUNLEY DR. 21234	The second second			17 INFORMANT	ADDRE	SS SS	
18 CAUSE OF DEATH lenter only one cause per fine faciol, (b), and (c)		(IF YES, GIVE WAR OR DATES)		DOROTHY E. DA	ADD 8405 NUI	NLEY DR.	21234
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER MOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  AT WORK  NOT WHILE AT WORK  22a. I certify that (II) his hospital) ottended the deceased from sow the deceased alive an abave, (II) (we) (did) (did nati view the body after death.)  22b. SIGNATURE  22c. DATE SIGNED  22c. DATE SIGNED  22c. ADDRESS  22c. ADDRESS  22d. BURIAL, CREMATION, REMOVAL 23b. DATE  23c. NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, REMOVAL 23d. BURIAL, CREMATION, REMOVAL 23d. BURIAL, CREMATION, REMOVAL 23d. BURIAL CREMATION COUNTY MD	PART 2 (	(c)_ THER SIGNIFICANT CONDITIONS S				20b. IF YES, WERE FIN	NDINGS USE
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFIMEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  NOT WHILE AT WORK  27a. I certify that (II) this hospital) ottended the deceased from above. (1) (we) did (id) not view the body after death.  27a. I certify that (II) this hospital) ottended the deceased from above. (1) (we) did (id) not view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECT	Show and a show	ENT WAS UNDERLYING 716 TIME	OF IN JURY	21r HOW IN HIRY OCCUPE			
22a. I certify that (1) his hospital) attended the deceased from 19 and that in fmy (aur) apinion death occurred on the date and hour and from the causes of abave, (1) we) (a) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIREC	- CONTRACTOR OF CONTRACTOR	BUTING CAUSE OF DEATH HOUR	A.M. MONTH DAY YEAR	?	TENTER NATIONE OF INJOR	TIN HEM TO PART TORPART	1 21
Sow the deceased olive an above, (I) (we) (did) (did not) view the body after death.    19	WHILE IN ORK	Y OCCURRED 21e PLACE (ATHOME S	E OF INJURY		CITY OR TOV	VN COUNTY	,
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OF PRINT)  22d. PHYSICIAN'S NAME (TYPE OF PRINT)  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  23d. NAME OF CEMETERY OR CREMATORY  BURIAL OCT. 18, 1982 LOUDON PARK CEM.  BALTIMORE  MD	220. I cert		the deceased from	116 ,19 81	_, to	6 19 84	, that (I) (
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	abay	(l)(we) (did) (did nat) view the bad	dy after death.		eath occurred on the da	te and hour and fram	the causes st
BURIAL OCT.18,1982 LOUDON PARK CEM.  BURIAL OCT.18,1982 LOUDON PARK CEM.  BALTIMORE MD	H H	M. O Ar	ruor	ATTENDING PHYSICIAN	MEDICAL STAF	F / /	O/H/
BURIAL OCT.18,1982 LOUDON PARK CEM. BALTIMORE MD	AND STATE OF THE S	4.0. ANI	Nous	1 /21	Som 1.	rospild	
24 FUNEDAL DIRECTOR	(SPECIFY)				CITY OR TOWN	COUNTY	
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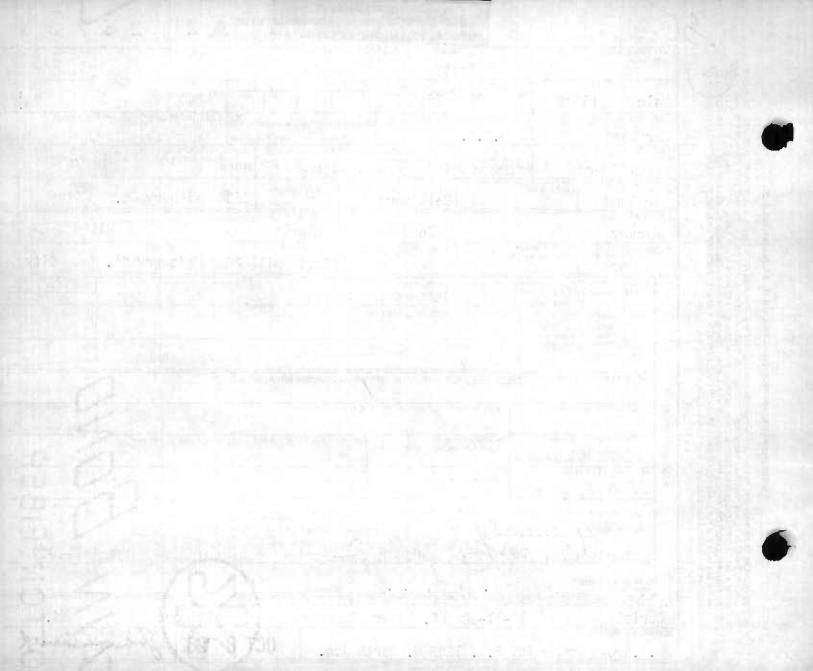
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8	4	11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 REG, NO. 2 5 7 3 2											
4	4		REGISTRAR CEASED NAME	FIRST	MED	MIDDLE	AAMIII	ER 3 C	AST	JI DEF	20 DATE KNOV	VN IV MOI	NTH DAY	YEAR	2b. HOUR
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1	FILES	3. 5EX	4. RA		5. DATE OF BIRTH		6. AGE (IN YEA	RS IF UNI	DER I YR. IF UNDER		2c. DATE	MON			2d. HOUR
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1000	SE SERVI	Fa. Bi	RTHPLACE (STATE O	R	76. CITIZEN OF WH	AT COUNT		8 MARRIE	D NEVER MARE	RIED 🗍	9. BALTIMORE	CITY OR CO	UNTY OF	DEATH	
1	DE 456		orence,	SC	U.S.			WIDOWI	D K	CED 🗆	Baltimo	re Ci	itv		
	S # 8 # 2	ID. CI	TY OR TOWN OF D	EATH	11. NAME OF HOSE (IF NOT IN SUCH FACE			, OR OTHE	RINSTITUTION	12a USI FOR	UAL OCCUPATIO MOST OF WORKING LI	N (TYPE OF WO	ORK 12b KI	R INDUSTR	Y
	DELAY IS NO PAGE 205-201	1	Baltimore	9	2200 Par	k Ave	,	No. 11							
	ANN	IJa S		13b. COUN	OR OTHER INSTITUTION, GIV TY	Bal	or town timor	e	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e. STR	30 N. N	lonro	e St		
	A 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	14. FA	ATHER'S NAME		MIDDLE	L.	AST		15. MOTHER'S MAIL		E MIDDLE	11.0		LAST	
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	TON ST., 24 HOUR ITEM 18. LONG W PERMIT. GIENE, D		PART I DEATH		ly one cause per line b D BY:			hoart	failure				BET	WEEN ONSET	AND DEATH
	201 W. PRESTON ST., UTED WITHIN 24 HOUR IN PENCIL IN ITEM 18, EXAMINER ALONG W EMPTANIST PERMIT. CAN TANNET PERMIT. OM, OR REMOVAL.		HARTIDEATH WAS CAUSED BY:  Congestive heart failure  Due To, or as a consequence of												
	PREST THIN IL IN ER A INSIT NOSIT REMC		Conditions, if		(b)										
	W. W		cause (a) stati	ng the <u>under</u>	DUE TO, OR	AS A CON	SEQUENCE (	OF.							
	ZA EXA		lying cause la	ST.	(c)										
	I RECORDS, 201 W. PRESTON ST.  ULD BE EXECUTED WITHIN 24 HOU. "PENDING" IN PENCIL IN ITEM 18  F. MEDICAL EXAMINER ALONG FE DAS A BURIAL - TRANSIT PERMIT HEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELAT	EO TO THE TERM	INAL OISEASE	DR CONDITION GIVEN IN P	ART 1 (a).					Physical Control
	AL AL	18	19a DATE OF OPE	RATION	196. CONDIT	ON FOR V	VHICH OPER	ATION W	AS PERFORMED?				20	AUTOPSY?	
	DIVISION OF VITAL RE S CERTIFICATE SHOULD RITING THE WORD. "PEI RDED TO THE CHIEF M RE 3 SHOULD BE USED A REPARTMENT OF HEA ROTEORY TO BURIAL, CO	CERTIFICATION		11651446		15.111.0537								YES 🗌	NO X
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	FRTIFIC ING TI S SHOW FPRIOR	MEDICAL	CONTRIBUTING [	IPPED	DEATH P.M.	FINJURY	(AT HOME	211 100	CATION						
	DIVISION THIS CERT E, WRITING WARDED PAGE 3 SI STATE DEP.	ME	WHILE AT WORK	OT WHILE	STREET, FACT	ORY, FARM, ET	C.)	S	TREET		CITY OR TOWN		COUNTY		STATE
	ESSE.									on X.		1:			
	AND SE STAN		CONTRACTOR OF CASTACAC		ge of the remains desc	ribed abar		Autops	Homicide		Inquiry	ond in n	ny opinion		
2	REC BE		death resulted for	A Platu	rol couses L.X.	Accident		icide []	TITLE (SPECIFY)	Onde	nermined manner				
	H. V.		ACTUAL SIGNATURE	M	W22	00		М.	D. Assista	nt MED	DICAL EXAMINER	D.	ATE GNED	0-8-8	32
	SEA SEA		C-2011/01/07	VI	/									1001	
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE SIT BATTIMORE, MARYLAND, 2		(TYPE OR PRINT)	' An	n M. Dixor	n, M.[	).		ADDRESS 111		St., Ba	170.,	Ma. Z	11201	
1	574548	23o. B	URIAL, CREMATION		_				RCREMATORY		OCATION Y OR TOWN		COUNTY	STA	
16/	8P	24 5	Bur:		10/12/82	2 (	Churc	h Ce	M 1250 DATE	Tin	monsvi	lle ÆGISTRA	R'S COCH		5
KIY	DHMH - 17		NAME		ADDRESS	1 -	101 7	Mo	nth CC	111	1982	John	-000	pury	•
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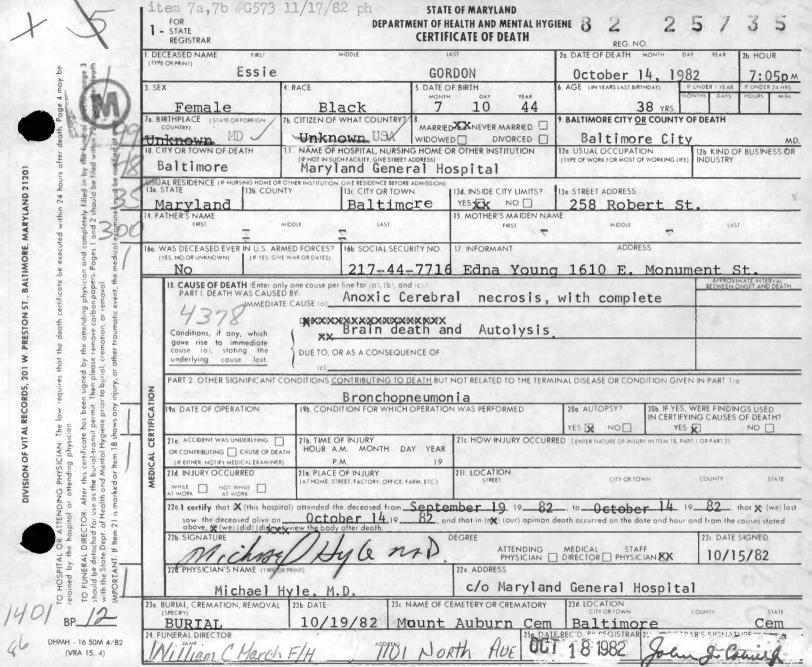


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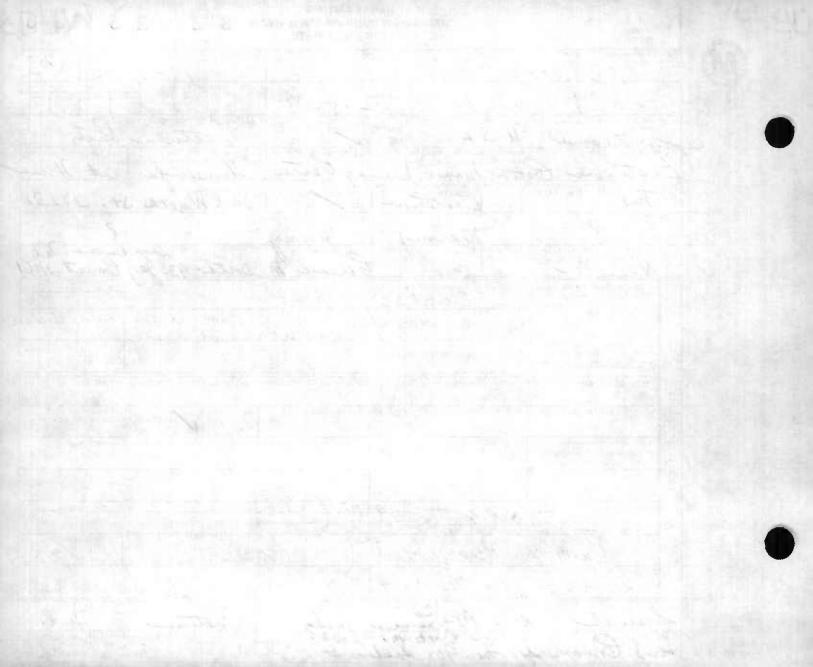


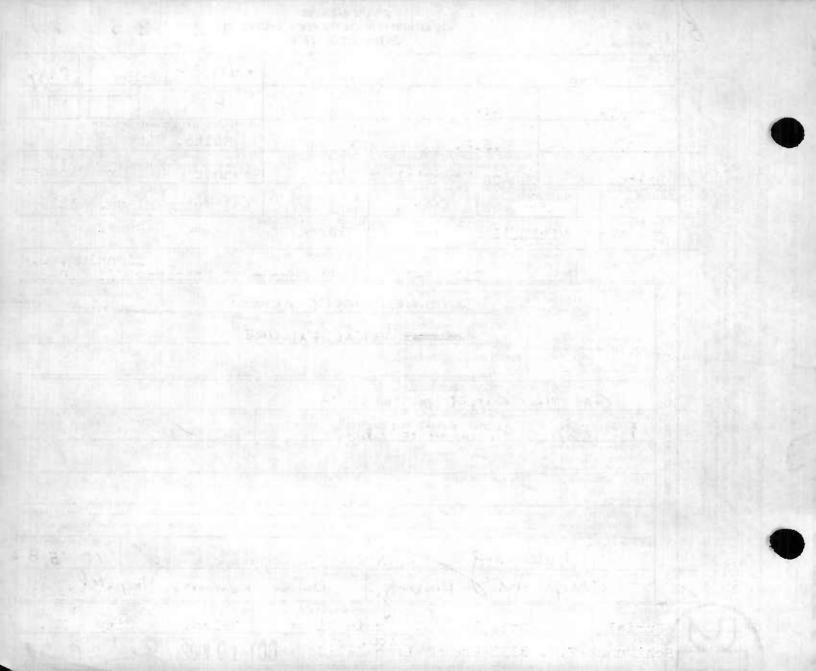
39	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 2 2	5 7 3 4
may be page 3 ter death		CEASED NAME FIRST E OR RRINT) HA	ROLD S. GOOD	VIN	10 09 8 Z	28. 110 01.
ge 4 ma ector, pa irs after o	3. SE	Male	4. RACE White	S. DATE OF BIRTH Oct.20, 1905		FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
the funeral dir. Po within 72 hou		IRTHPLACE (STATE OR FOREIGN COUNTRY) GEORGIA	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED XXNEVER MARRIED  WIDOWED DIVORCED	20 a 21 20 20 20 20 20 20 20 20 20 20 20 20 20	TY MD.
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filled in nould be (must be	130.	Md.	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR  JNTY  Baltimore	YES NO [	13e. SIREEJ ADDRESS Univers	ity Pkwy
mpletely and 2 showing	14, F.	ATHER'S NAME FIRST John	MIDDLE Goodwin LAST	15. MOTHER'S MAIDEN N	MIDDLE	Simms
in and co		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN)   1 IF YES, G	RMED FORCES? 166 SOCIAL SECULOR WAR OR DATES) 213-03-2	2630 Alva P. Wea	ver III 25°Murray Balto., Md	Hill Circle 21212
cernficate b ng physicia banpapers remaval.		PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b), ar SED BY: ATE CAUSE (a)	PIRATORY	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death cer attending ave carba tian, ar re oumatic e	>	5070 Conditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF	UMONIA	10-12 days
ot W. PR that the d by the deose remain, crema	-	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF BLE MYOCARNA	L INFARCTION	6-7 days
equires an signed Then ple r to burie injury, o	NOI	PART 2 OTHER SIGNIFICANT	OLIC ENCEP	HALOPATHY, A	rminal disease or condition give	N IN PART 110
TAL RECOR	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
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TENDI if all on the second of		saw the deceased alive a	pital) attended the deceased from 19 not) view the body after death.		on death occurred on the date and havr	nd from the causes stated
AL OR AT the hosp AL DIRECT etoched fi ite Dept. of		Doler 1	! Varipapa	DEGREE  MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/9/82
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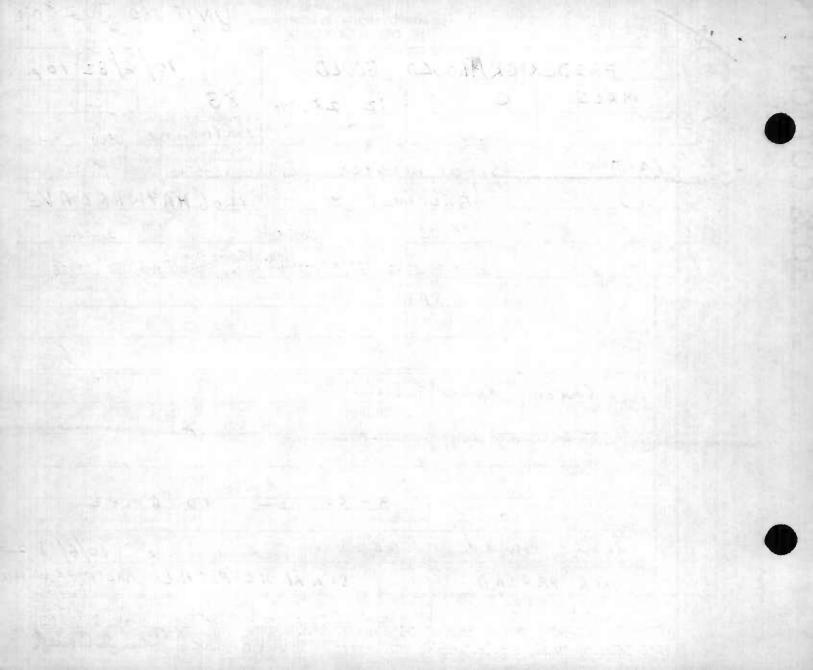
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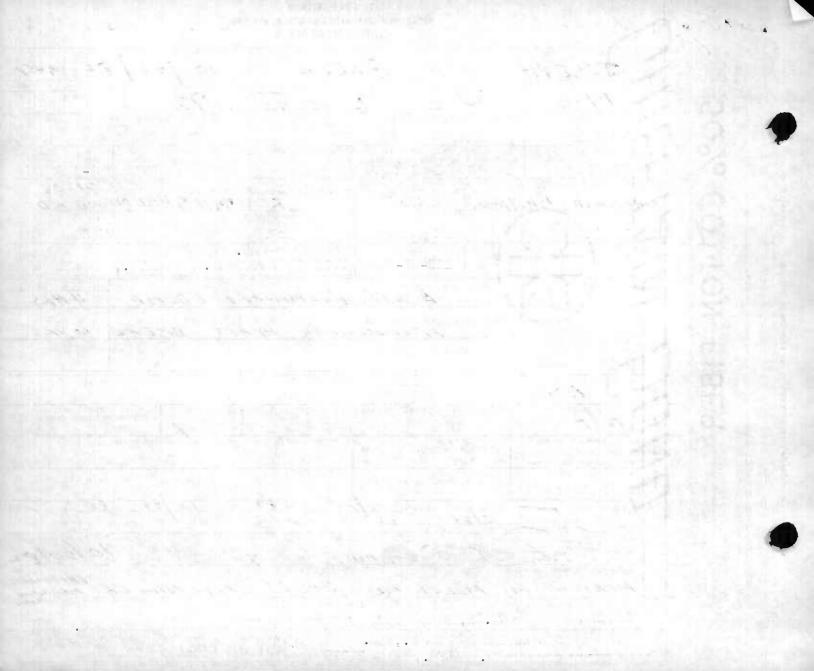


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			STATE OF MARYLAND		
	FOR - STATE	DEP	ARTMENT OF HEALTH AND MENTAL HY	GIENE 8 9	25740
To	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	2 0 , 1 0
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 2b. HOUR
be 3	MAR	IAN	GRAFF	10	0-10-82 10:40 PM
moy moy	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS
_ 0 (EVA)	F	-	JAN 16 1927	55	YRS.
death. Page	76. BIRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	
George State	TLLINOIS	U.S.A.	WIDOWED DIVORCED	BHLTO	CITY MD.
he he he	10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	125. KIND OF BUSINESS OR INDUSTRY
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BAI cote cope cope cope cope nt, th	18 CAUSE OF DEATH (Ente PART I. DEATH WAS CAL	only one couse per line for (a), (I	b), and (c).	annless.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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A dec	Conditions, if any, which gove rise to immediate	(b)			
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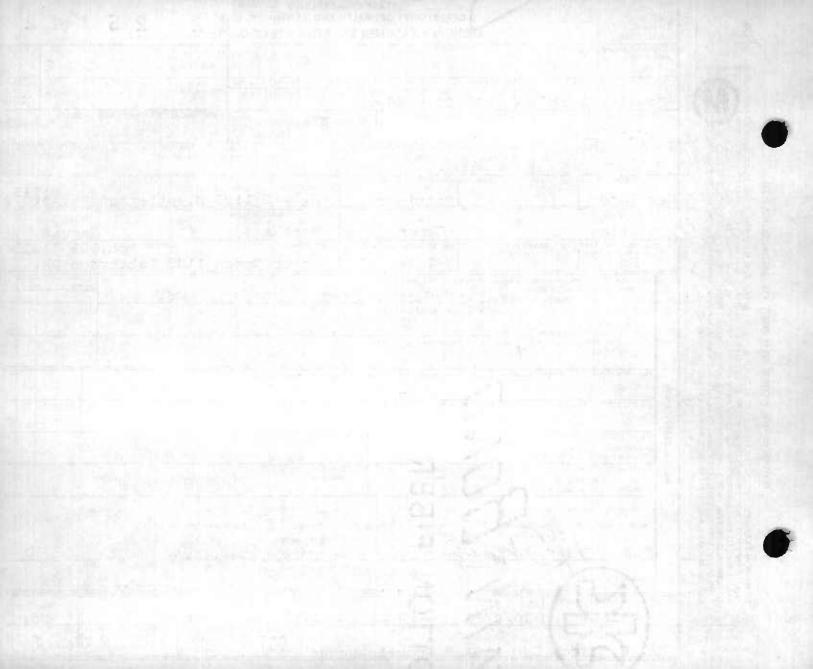
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT 3 SEX I. RACE 09 1911 AGE (IN YEARS LAST BIRTHDAY) HOURS NEXX XXXXX 70. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIEDX YNEVER MARRIED BALTIMORE CITY NEW YORK USA WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR NOT IN SUCH FACILITY. GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE SINAI HOSPITAL WHOLESALE FOODS J-G FOODS OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 2/208 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS SHELDWOOD RD BALTO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST HYMAN GREENBLATT LENA DAVIDSON 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT MRS. PENNYADOREEN (YES, NO OR UNKNOWN) 215-03-2242A 7511 SHELOWOOD RD. BALTO., MD 21208 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 4 425. IMMEDIATE CAUSE to DIVISION OF VITAL RECORDS, 301 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF LTERIOSCLEASTIC Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 71d IN JURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an, and that in (my) (pur) opinian death occurred on the date and hour and from the causes stated abave, (1) (ve) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deto with the State PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 0 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION SPECIFBURIAL OCT.31,1982 BETH HAMEDROSH HAGODOL ROSEDALE 24 FUNERAL DIRECTOR DHMH-16 60M 1/73 SOL LEVINSON & BROS., INC. (VR A 15 (4)) 6010 REISTERSTOWN RD. BALTO., MD



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH 2b. HOUR Lucille Green (TYPE OR PRINT) OF ESTI-10 82 DEATH MATED 19 4. RACE MONTH DAY SEX 5 DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 7:55 82 10 DEAD 10 22 Female Black 4 60 YRS To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED FOREIGN COUNTRY! Baltimore City S.Carolina DIVORCED USA WIDOWED \_ ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! Patterson Park Baltimore UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 113b COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1125 N.Patterson Pk.Apt103 Maryland Baltimore NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST William Lemon Bertha Garvin 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Apt.103 21213 (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! 247-34-2479 Arthur Green 1125 Patterson Pk. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Diabetes mellitus 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 19s. DATE OF OPERATION 2D. AUTOPSY? JID BE US TAKENT OF TO BURE NO [XX YES 71n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 VARDED TO THE AGE 3 SHOULD E TATE DEPARTMEN HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 211. LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK MARYLAND 22a I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinion EXECUTE THE COLOR PAGE 4 SHOULD BE F
TO FUNERAL DIRECTOR
AFTER DEATH, WITH THE PAGE OF THE Accident Homicide . Undetermined manner death resulted fram: Naturalcauses Suicide TITLE (SPECIFY) ACTUAL DATE 10/5/82 Assistant SIGNATURE. MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street, Balto., MD 21201 Guard M.D. Hormez R (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY STATE BURIAL Arbutus Memorial Pk. Arbutus Md 10/9/82 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS (VR A15 ME (5)) F/H 1101 E. north Avenue C. March

20M 4/82



FOR

1. DECEASED NAME

REGISTRAR

- STATE

BALTIMORE CITY OR COUNTY OF DEATH imore (TYPE OF WORK FOR MOST OF WORKING LIFE) 130. STREET ADDRESS W. MIDDLE Record APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN and that in (my) tour) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 10/25/82 Burral Cedar Hill Cemetery 24. FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGN THE Mm C. Brown Comm. F/H 1206-08 W. North Ave.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

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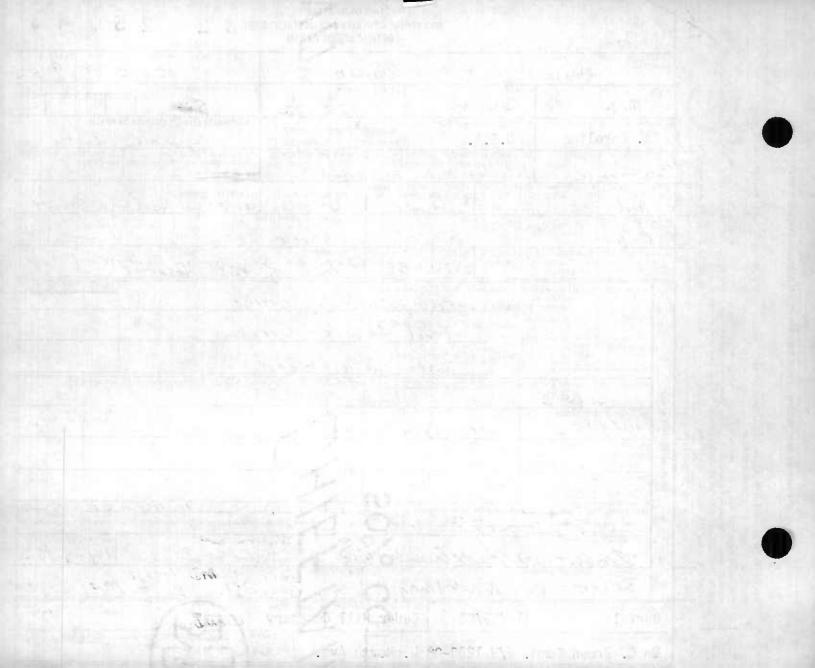
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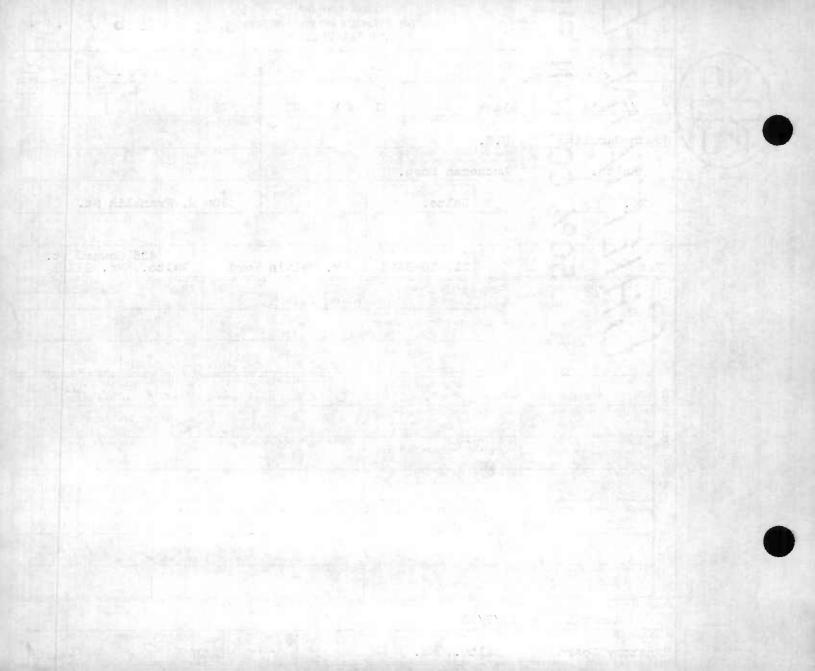
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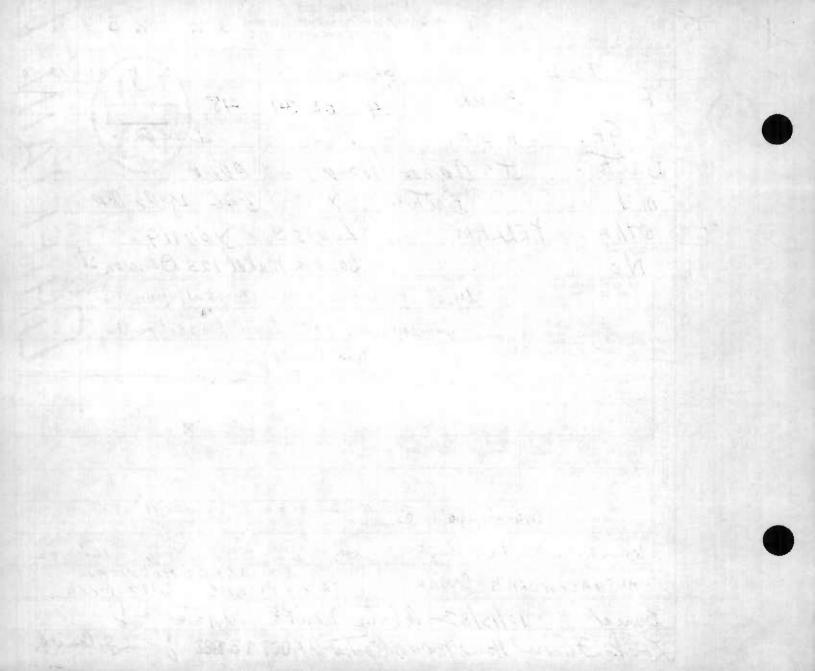
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20. DATE OF DEATH

DHMH - 16 50M 4/B2 (VRA 15, 4)

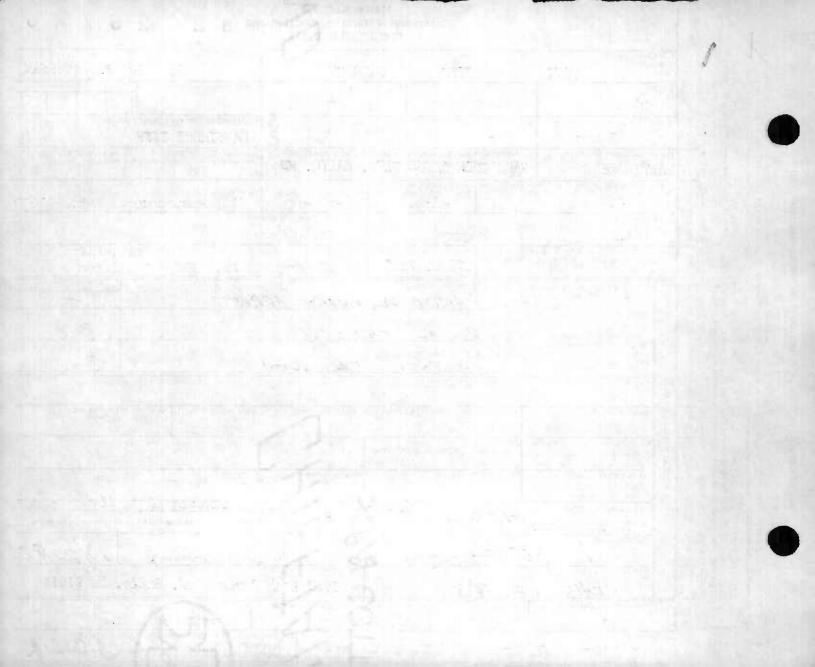






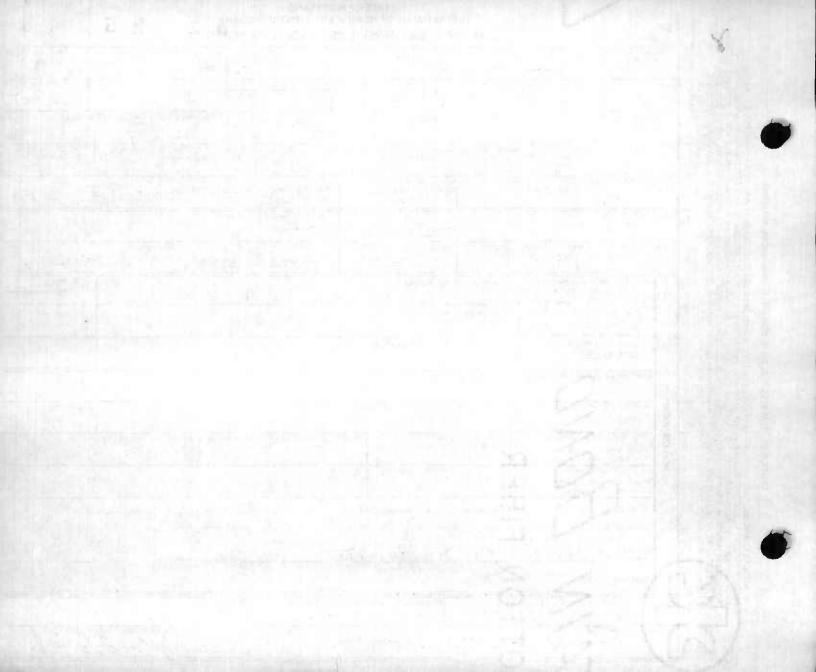
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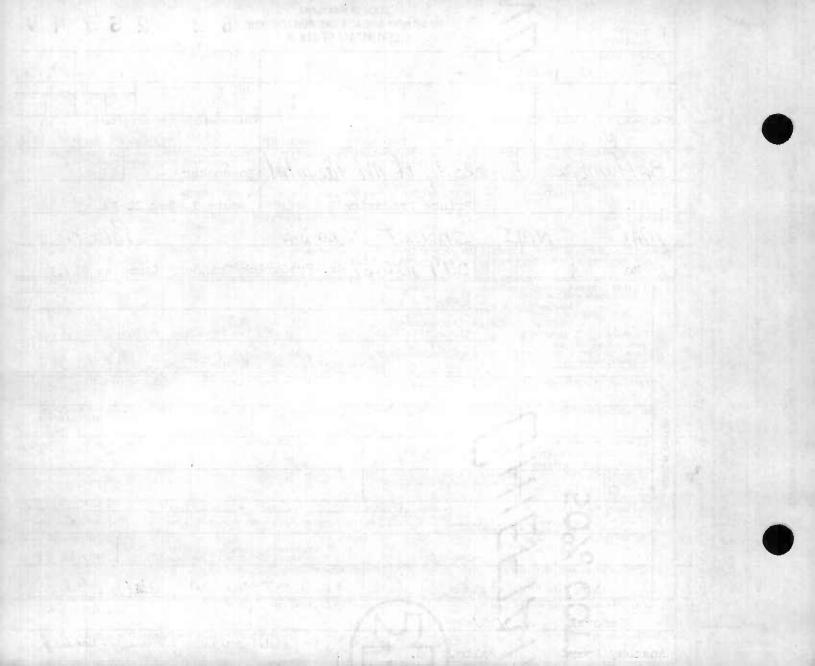
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 1. DECEASED NAME KNOWN X 2b. HOUR (TYPE OR PRINT) EST1-21,82 PA DIRECTOR.
OUR FILES.
HIN 72 HOURS DEATH MATED Richard Sr. 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 21, 82 4:12F 15 Male Black 6 93 89 DEAD 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYL Baltimore City USA Md. WIDOWED DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFET Lutheran Hospital Baltimore 岩 SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD In STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e 1710 N. Dukeland St. Md. Balto. YES X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST Johnson Carrie Jermich 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1710 N. Dukeland St. Raymond Robinson 216-05-1265 Yes WWI 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT OF HEAITH AND MENTAL HYGIENE, IRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION ICATE, WRITING THE WORD "PE FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEL AND, 21201 PRIGR TO BURIAL, C 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO LY YES [] 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220. I certify that I took charge of the remains described above, held on Autapsy Inspection and in my apinian Hamicide L Undetermined manner death resulted fromin Natural causes TITLE (SPECIFY) DATE 10/22/82 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Penn Street Balto MD 21201 Smyth M.D. ADDRESS 230 BURIAL, CREMATION, REMOVAL 136 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Arbutus Mem. Pk. Arbutus, Md. Burial 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** With C March F/H, Inc. ADDRITOL E. North Ave. (VR A15 ME (5)) 20M 4/B2





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STATE

DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

INDUSTRY Medicine 18 Midvale Road 21210 Same APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) COUNTY STATE and that in (my) (a) apinion death accurred an the date and hour and from the causes stated 22c. DATE SIGNED SPRINGLAKE WAY Cremation STATE Balto. 10/11/82 Green Mount 24. FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR 4905 York Rd., Balto., MD 21212

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

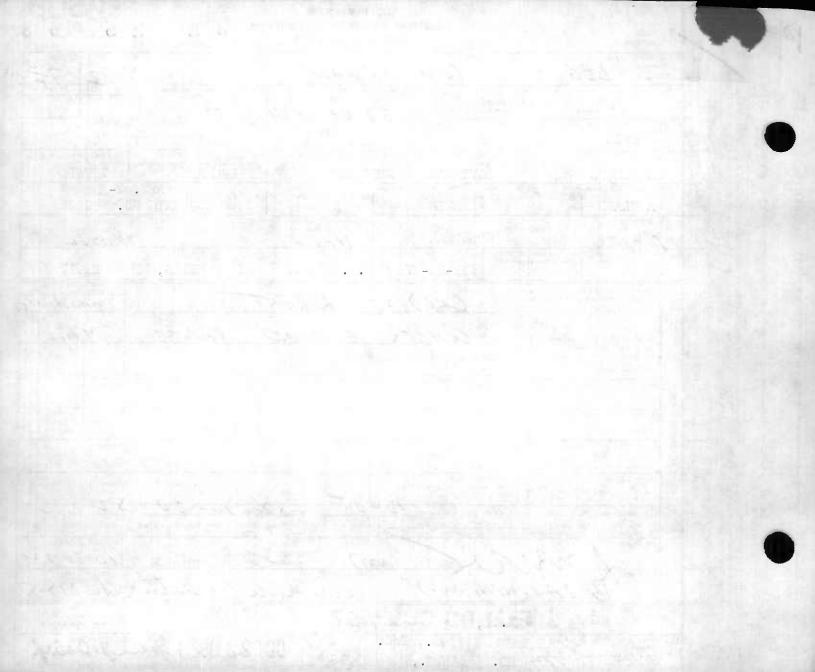
CERTIFICATE OF DEATH

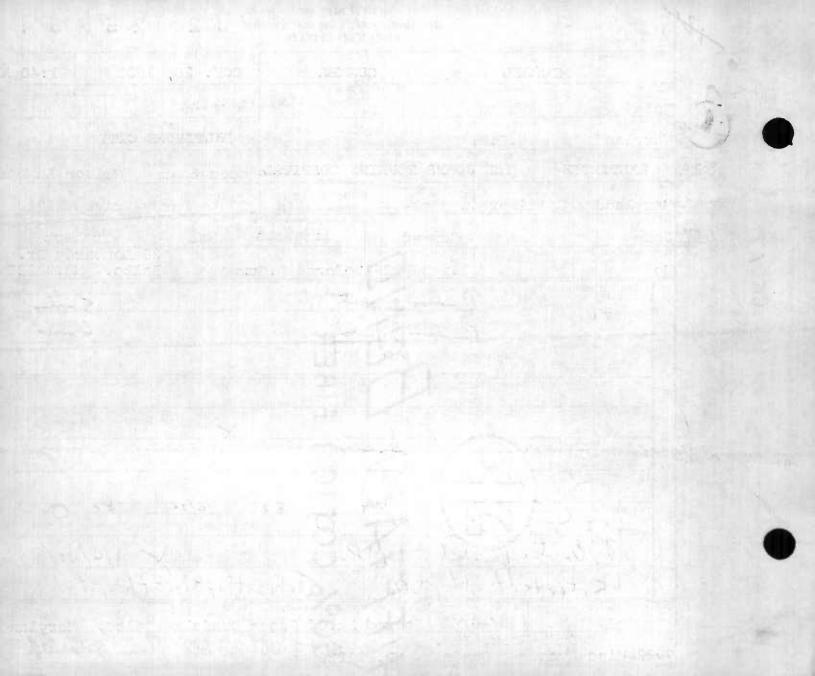
12b. KIND OF BUSINESS OR

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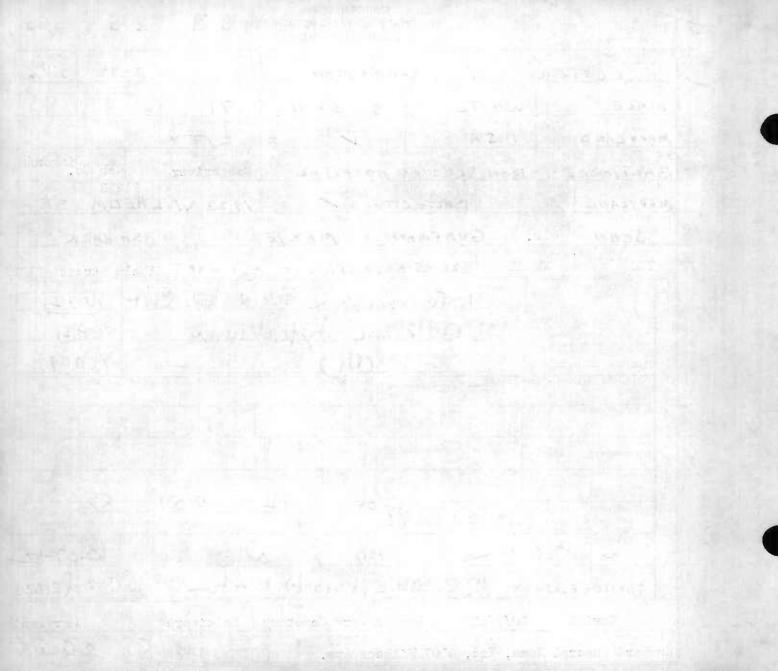
16	1.	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 5 7 5 1 CERTIFICATE OF DEATH								
may be page 1	1. DECEASED NAME FIRST			Joseph Grubb Ghunn			10 19 82 10 12					
Page 4 may director, pag	3. SE.	ex m		4. RACE S. DATE OF BIRTH MONTH DAY YEAR YEAR YEAR			6. AGE (IN YEARS LAST BIRTHDAY)  6 3 YRS.   IF UNDER 1 YEAR   IF UNDER 24 HRS   MONTHS   DAYS   HOUNS   MIN.					
death. Po		RTHPLACE (STATE ORFO COUNTRY) Jersey		U.S.A. WIDOWED				Baltimore City  M  M  M  M  M  M  M  M  M  M  M  M  M				
by the the filled with	10. CITY OR TOWN OF DEATH  Baltimore		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Sinai Hospital			120. USUAL OCCUPATION LYPE OF WORK FOR MORE WORKING LIFE) RETIRED BALESMAN						
filled in avid be	Ma	AL RESIDENCE (IF NURSI STATE Tyland	13b. COUN HOW	OTHER INSTITUTION BY BY	GIVE RESIDENCE BEFORE  12. CITY OR TOW  COlumbia	ADMISSION)	13d. INSIDE CI	ITY LIMITS?	130 STREET ADDR	Ess Elting Sh	nadow La	ne
ed within		ate Reuben	J Gr	widdle ubb	LAST		15. MOTHER'S		me eth WAlto	DIE Dn	LAST	
n and ca Pages 1	16a V	WAS DECEASED EVER I	N U.S. AR.	MED FORCES? E WAR OR DATES)	157 O1 8		Mrs Fl		Grubb 7	O50 Melt		045 dow La
law requires that the death certifing of seconds and second signed by the attending placemit. Then please remove carbang appriar to burial, cremotian, ar remws any injury, ar ather traumatic eve	CERTIFICATION	Canditions, if any, gave rise to imm couse (a), sathing underlying cause  PART 2. OTHER SIGN  19a. DATE OF OPERAT	ediate the lost.	DUE TO, O	-	ENCE OF	NOT RELATED	TO THE TERM	200 AUTOPSY?	CONDITION GIVE  FARICO  20b. IF YES IN CERTIFY	WERE FINDING	F DEATH?
HOSPITAL OR ATTENDING PHYSICIAN; The Indeed by the haspital or attending physician. FUNERAL DIRECTOR. After this certificate has ald be detached for use as the burial-transit per the State Dept. of Health and Mental Hygiene ORTANT: If them 21 is marked at Item 18 shows	MEDICAL CERTI	21a. ACCIDENT WAS UND OR CONTRIBUTING C. (IF EITHER NOTHEY MEDIC 21d. IN JURY OCCURR WHILE NOT WHI AT WOR AT WOR 22a. I certify that (I) saw the lecease above (I)/we) (d 22b. SIGNATURE 22d. PHYSICIAN'S MA	AUSE OF DEA ALEXAMINER ED  (this haspi d alive an d) (did na	21e. PLACE (AT HOME, STI tal) attended th (0-(8) t) view the body	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET (10) //9 //9 //9 //9 //9 //9 //9 //9 //9 //	, 19 (aur) apinion	YES NO NO NED (ENTER NATURE CO. 114)  , to death accurred an MEDICAL DIRECTOR PI	OR TOWN  19/19  the date and have	COUNTY	
TO HOSPITAL retained by 1 TO FUNERAL should be det with the State IMPORTANT		BURIAL, CREMATION, R BURIAL (SPECIFY) BURIAL	AL	, G-i C		NAME OF C	EMETERY OR C	REMATORY	23d LOCATION	Howard	County	
DHMH - 16 50M 4/B2		UNERAL DIRECTOR	ce 41	12 Colu	mbia ^Ras I	nlice	ttCity		2 1 1982	TRAP REGISTE	AR'S SIGNATUR	100

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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1 /		STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.  MIDDLE LAST 20. DATE OF DEATH MONTH / DAY YEAR 2b HOUR							
noy be page 3		CEASED NAME FIRST COUL	5	WIDDLE	GURI	AN	20. DATE OF DEATH	10/19	lione	.10 Am
ge 4 moy director, po houss ofter d	3. SE)	MALE	4. RACE	M HITE	5 DATE OF BIRT	19/1900	6. AGE (IN YEARS LAST B	YRS	HS DAYS HOUR	IDER 24 HRS
27		RTHPLACE   STATE OF FOREIGN OUNTRY) NEW YORK	US	WHAT COUNTRY?	WIDOWED	NEVER MARRIED DIVORCED	Baltimore city	nore	City	MD.
by the func filed within	1	Balthure	(IF NOT INSU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET	OS PITI	FER INSTITUTION	(TYPE OF WORK FOR MOST	OEWORKING LIFE) ID	RETAIL	INESS OR
should be		TATE HOW		130. CITY OR TOWN	OTT YES		13e STREET ADDRESS	Springm	eadow	CE.
omplete		THER'S NAME FIRST HARRY	WIDOLE	GURIAN		MÄRY	WIDDLE		NKNOWN	
cote be execut ysician and co opers: Pages ovol.		VAS DECEASED EVER IN U.S. A VES. NO OR UNKNOWN) (IF YES. S	IVE WAR OR DATES)	092-09-7		S. EDITH	JACOBS SPR	JOSEPH S ING VALLE	EY, N.Y.	
quires that the death certification is signed by the attending phense remove corban bouriel, cremation, or remainty, or other troumotic even	N	PART I. DEATH WAS CAUS  1700  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, C	DR AS A CONSEQUE	OF P	Mary 1	naxillary		N PART Ito	
The low re- icron.  te has been sit permit.  giene prior shows ony i	CERTIFICATION	190 DATE OF OPERATION		DITION FOR WHICH			200 AUTOPSY?	IN CERTIFYING		ISED EATH?
**NOING PHYSICIAN: The total or oftending physicion OR: After this certificate for use as the build-transit of Health and Mental Is shorted or Item 18 shorts.	MEDICAL CE	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF C IFF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22e.1 certify that (1) (this has sow the deceased alive	PION A PLACE (AT HOME S'	.M. MONTH DA  M. M.  OF INJURY  TREET, FACTORY, OFFICE, F	19 211. 1	LOCATION STREET  1982	CITY OR	10WN	COUNTY	STATE  I) (we) lost s stoted
TO HOSPITAL OF retoined by the ILLS TO FUNERAL DIRECT should be detoched to with the Stote Dept. or IMPORTANT: If tem 2		obove, (I) (we) (did) (did) 22b. SIGNATURE  UML 22d. PHYSICIAN'S NAME   ITYPH  UMA	Pra	sad AD	MBBS	ATTENDING PHYSICIAN [	MEDICAL ST DIRECTOR PHYS		10/19	9/82
BP		SURIAL, CREMATION, REMOVA	10/20		AME OF CEMET	ANT CEM.	123d LOCATION HAWTHORN	IE, N.Y.	PUNTY	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F		L LEVINS	SON & BROS		DOT	2 0 1982	REGISTRAR	S SIGNATURE	R

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